

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, August 21, 2012 at the hour of 12:00 P.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Michael called the meeting to order.

Present: Chairman Edward L. Michael and Director Luis Muñoz, MD, MPH (2)

Director Hon. Jerry Butler and Mary Driscoll (non-Director Member)

Absent: Director Carmen Velasquez (1)

Additional attendees and/or presenters were:

Krishna Das, MD – System Interim Director of
Quality and Patient Safety
Helen Haynes – System Associate General Counsel
Terry Mason, MD – System Chief Medical Officer
Linda Rae Murray, MD – Cook County Department
of Public Health
Ram Raju, MD, MBA, FACS, FACHE – Chief
Executive Officer

Tanda Russell – System Interim Chief Nursing
Officer
Deborah Santana – Secretary to the Board
Shari Schabowski, MD – John H. Stroger, Jr.
Hospital of Cook County
Pierre Wakim, MD – Provident Hospital of Cook
County

II. Public Speakers

Chairman Michael asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Report from System Chief Medical Officer

Dr. Terry Mason, System Chief Medical Officer, provided a brief overview regarding a press conference held earlier that day at Malcolm X College, regarding their new College to Careers initiative. He stated that a new \$300 million campus will be built right across the street; the focus of the campus will be on health care education. Dr. Mason stated that Cook County has had a thirty (30) year history of being supportive of the Malcolm X College program; he noted that at least thirty (30) physician assistants from Malcolm X College are working at Stroger Hospital.

Dr. Mason introduced the new System Interim Director of Quality and Patient Safety, Dr. Krishna Das, who provided her report as part of Item V.

As part of his report, Dr. Mason presented a short video that he received at a recent National Association of Public Hospitals and Health Systems (NAPH) conference; the video addressed the subject of hospital governing boards and their responsibilities toward quality.

III. Report from System Chief Medical Officer (continued)

Following the presentation of the video, Mary Driscoll, non-Director Committee Member, inquired as to the reason why the Committee no longer received information at the meetings regarding serious reportable events. She noted that, early on, this Committee received some reports of that nature. She felt that receiving these reports was beneficial, as the Committee could discuss the information and the corrective action plans; however, at some point, the presentation of this information ceased. Helen Haynes, Associate General Counsel, responded that she would like to provide a written response on the subject, in order to summarize the background on the legal thinking with regard to these issues¹. She stated that she and Dr. Das have spoken briefly on the need to improve this, so that detailed communication to the Board can be improved within the protections that are legally available.

Director Muñoz inquired regarding the tracking of serious reportable events. Dr. Mason responded that there are a couple of areas responsible for this. Among other groups or committees that are involved in the processes, he stated that there are meetings of committees of the medical staff, which allow for the discussion of these matters in great detail. This allows the medical staff to move toward the root cause analyses, and to try to understand the operational and medical issues that would have impacted these matters. Also, Dr. Mason stated that the System reports a number of events into its incident reporting system, MERS; this system is also used to track various things.

Chairman Michael expanded on Director Muñoz' question; he stated that he is interested in receiving information on the processes in place at the various levels, that are used to investigate and follow-up on serious reportable events, without getting into specific cases². Dr. Mason stated that this information can be presented at a future meeting. Additionally, Director Butler requested that information be provided as to how the Joint Conference Committee functions within or as a part of these processes; one of his major concerns is how these events are taken through the processes to the Joint Conference Committee, and how that feedback is going back to all of the committees involved in the processes³. Ms. Driscoll suggested that perhaps an annual or semi-annual report of the number of events could be presented; this report could be characterized by the type of event using the National Quality Forum standards. Dr. Mason stated that a summary of all of the publicly-reported data will be provided to the Board; efforts will be made to make certain that the Board and Committee Members are familiar with that information⁴.

IV. Report from System Interim Chief Nursing Officer

Tanda Russell, System Interim Chief Nursing Officer, provided an update on the following subjects: focus on hiring; plans to prepare for pending retirements and changes in staffing; nurse agency usage; Power Chart implementation; chapter review of nursing leadership for Joint Commission; and Hand-off Report roll-out. The Committee discussed the information.

Chairman Michael inquired further regarding the number of pending retirements. Ms. Russell responded that she recently discussed this subject with the Chief Nursing Officer at Stroger Hospital, where they are experiencing an average of two (2) retirements per week. Additionally, Ms. Russell received a report from Payroll indicating that there are approximately one hundred ninety-six (196) nurses who are eligible for retirement with over twenty-five (25) years of service; forty-three (43) of those nurses are eligible with over thirty (30) years of service.

V. Report from System Interim Director of Quality and Patient Safety and Acceptance of Reports

Following her introduction, Dr. Das provided an overview of her background and experience. She described the projects on which she has worked; she noted that one thing she has learned while being involved in these types of efforts is that, in order to improve a process, data is needed. In the past, this has been a challenge; however, more recently, there have been improvements. With the innovations in the electronic medical record (EMR), and with the efforts of the new System Interim Chief Information Officer, Dr. Bala Hota, staff is starting to get timely, accurate reports. These reports will eventually serve as the backbone of a quality dashboard, and the data, which will be available in real-time, should inform process improvement efforts. Dr. Das stated that she looks forward to working with Dr. Mason and Dr. Ram Raju, Chief Executive Officer, to develop a quality plan with a set of metrics to be presented at a future meeting⁵.

Dr. Das noted that there is a priority at Stroger Hospital to pass a Joint Commission visit that is anticipated sometime around the beginning of next year, perhaps in February. She asked Dr. Claudia Fegan, Chief Medical Officer of the John H. Stroger, Jr. Hospital of Cook County, to provide further information on the subject.

Dr. Fegan stated that staff is in preparation mode for the upcoming Joint Commission visit. One of the tasks to prepare for the visit is to educate the members of the System Board about their responsibility with regard to the Joint Commission and accreditation. The Joint Commission has a section relating to governance; there is an expectation that the Directors will be familiar with that information. To that end, she and Dr. Das are planning an educational process that will provide small bites of information at future meetings, in preparation for the Joint Commission visit⁶. Director Muñoz requested that the subject of the governance component of the educational process be discussed with Cathy Bodnar, System Chief Compliance and Privacy Officer; he requested an update on the subject, following those discussions⁷.

A. Quality Report from Cook County Department of Public Health (Attachment #1)

- i. Update on Accreditation
- ii. Review of Quality Improvement Indicators for 2013

Dr. Linda Rae Murray, Chief Medical Officer of the Cook County Department of Public Health, provided an overview of the Quality Report materials. The Committee reviewed and discussed the information.

B. Acceptance of the following reports:

- i. Food Access in Suburban Cook County(Attachment #2)
- ii. The Suburban Cook County Food System: An Assessment and Recommendations (Attachment # 3)
- iii. Communicable Disease Update – August 2012 (Attachment #4)
- iv. Annual Tuberculosis Surveillance Report – 2011 (Attachment #5)

Dr. Murray presented the four (4) reports for the Committee's acceptance. During the discussion of the reports, Chairman Michael inquired regarding the information on drug-resistant gonorrhea cases included in the Communicable Disease Update. Although the percentage of cases is fairly low, the number of cases has risen dramatically in the last five years. He inquired as to the type of action taken by the Cook County Department of Public Health in response to the rise in the number of cases. Dr. Murray responded that there are a few actions that take place in response to this type of matter. First, the information is included in the Communicable Disease Update; this report goes out to physicians and hospitals so they are informed and aware. There is also an education component involved; additionally, under some circumstances, contact tracing is done.

V. Report from System Interim Director of Quality and Patient Safety and Acceptance of Reports

B. Acceptance of reports (continued)

Director Muñoz, seconded by Chairman Michael, moved to receive and file the four (4) reports from the Cook County Department of Public Health. THE MOTION CARRIED UNANIMOUSLY.

VI. Recommendations, Discussion/Information Item

A. Reports from the Medical Staff Executive Committees

i. Provident Hospital of Cook County

ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Pierre Wakim, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, stated that the EMS met on August 10th. He provided highlights on a couple of subjects that were discussed at that meeting. He noted that the gastrointestinal suite will be implemented in the next four (4) to six (6) weeks. Additionally, he thanked Dr. Raju for his assistance with a capital equipment request relating to some new equipment which will allow for the handling of more gynecological cases at Provident.

Dr. Shari Schabowski, Vice President of the EMS of John H. Stroger, Jr. Hospital of Cook County, appeared on behalf of EMS President Dr. David Goldberg. Dr. Schabowski welcomed the new Committee members and indicated that she did not have anything additional to report at this time.

VII. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, June 19, 2012

Director Muñoz, seconded by Chairman Michael, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of June 19, 2012. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections V, VI, VII and VIII

VIII. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #6)

Note: the Committee did not recess the regular session and convene into closed session.

Director Muñoz, seconded by Chairman Michael, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

IX. Adjourn

As the agenda was exhausted, Chairman Michael declared that the meeting was
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Edward L. Michael, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

-
- ¹ Follow-up: Written response to be provided on subject of the Committee receiving information on serious reportable events (Haynes) Page 2
- ² Follow-up: Request for information on the processes used to investigate and follow-up on serious reportable events (Mason) Page 2
- ³ Follow-up: Request for information on the Joint Conference Committee's role in the processes used to investigate and follow-up on serious reportable events (Mason) Page 2
- ⁴ Follow-up: Summary to be provided to the Board of all publicly-reported data (Mason) Page 2
- ⁵ Follow-up: At future Committee meeting, quality plan with set of metrics to be presented (Das, Mason) Page 3
- ⁶ Follow-up: For next several meetings of the Committee, Education Items to be presented, with a focus on Joint Commission and Governance (Das, Fegan) Page 3
- ⁷ Follow-up: Update to be provided to Director Munoz regarding discussion with Cathy Bodnar regarding governance component and educational process (Fegan) Page 3

Cook County Health and Hospitals System
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ATTACHMENT #1

Cook County Department of Public Health

Report to Board Quality Committee
August 21, 2012



**Cook County Department
of Public Health**

Agenda for Report

- *Update on Public Health Accreditation Process*
- *Review of Quality Improvement Indicators for FY 2013*
- *Acceptance of Reports:*
 - *The Suburban Cook County Food System Feb 2012*
 - *Food Access Suburban Cook County March 2012*
 - *CD Update August 2012*
 - *Annual Tuberculosis Surveillance Report 2011*



**Cook County Department
of Public Health**



Update on accreditation process

- Submitted LETTER OF INTENT : February 2012
- Submitted APPLICATION with 3 prerequisites in May 2012 (*Approved by CCHHS Board & Cook County Board of Commissioners in June 2011*)
 - Community Health Assessment (WePlan 2015)
 - Community Health Improvement (WePlan 2015)
 - CCDPH Strategic Plan 2015
- PHAB training of Accreditation Coordinator completed August 2012



**Cook County Department
of Public Health**



Steps: PHAB Public Health Accreditation Board



7. Reaccreditation

6. Reports

5. Accreditation Decision

4. Site Visit after JULY 2013

3. Documentation Selection & Submission – IN PROCESS

2. Application 😊

1. Pre-application 😊



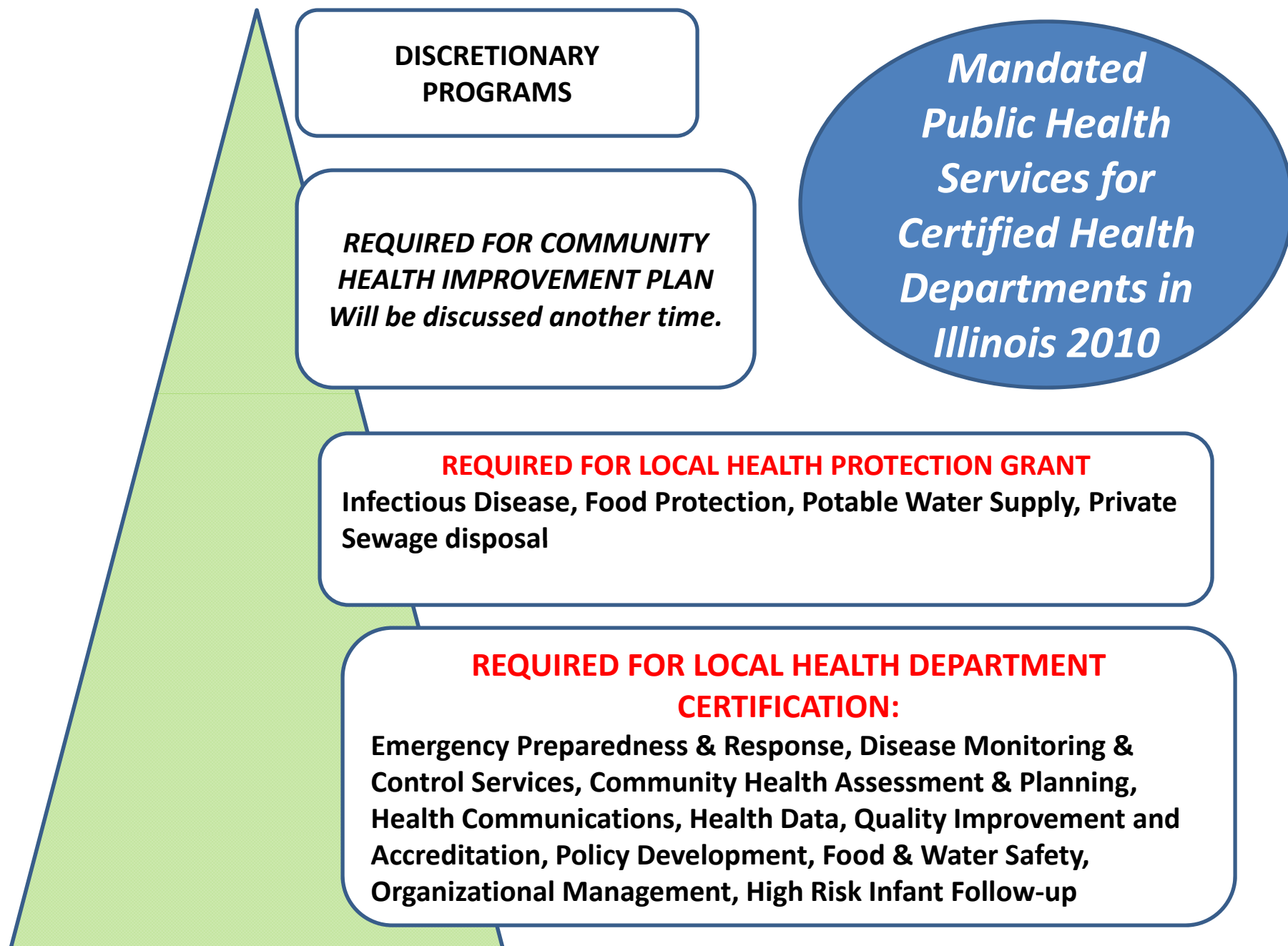


Goals for CCDPH

- **Public Health Accreditation is a national effort supported by all public health organizations including APHA, ASTHO, CDC, NACCHO**
- **Be in the first wave of health departments to become accredited.**
 - **To date 80/3,000 local health departments applications have been accepted**
- **Achieve Accreditation – By December 31, 2013**
 - **We are on schedule**

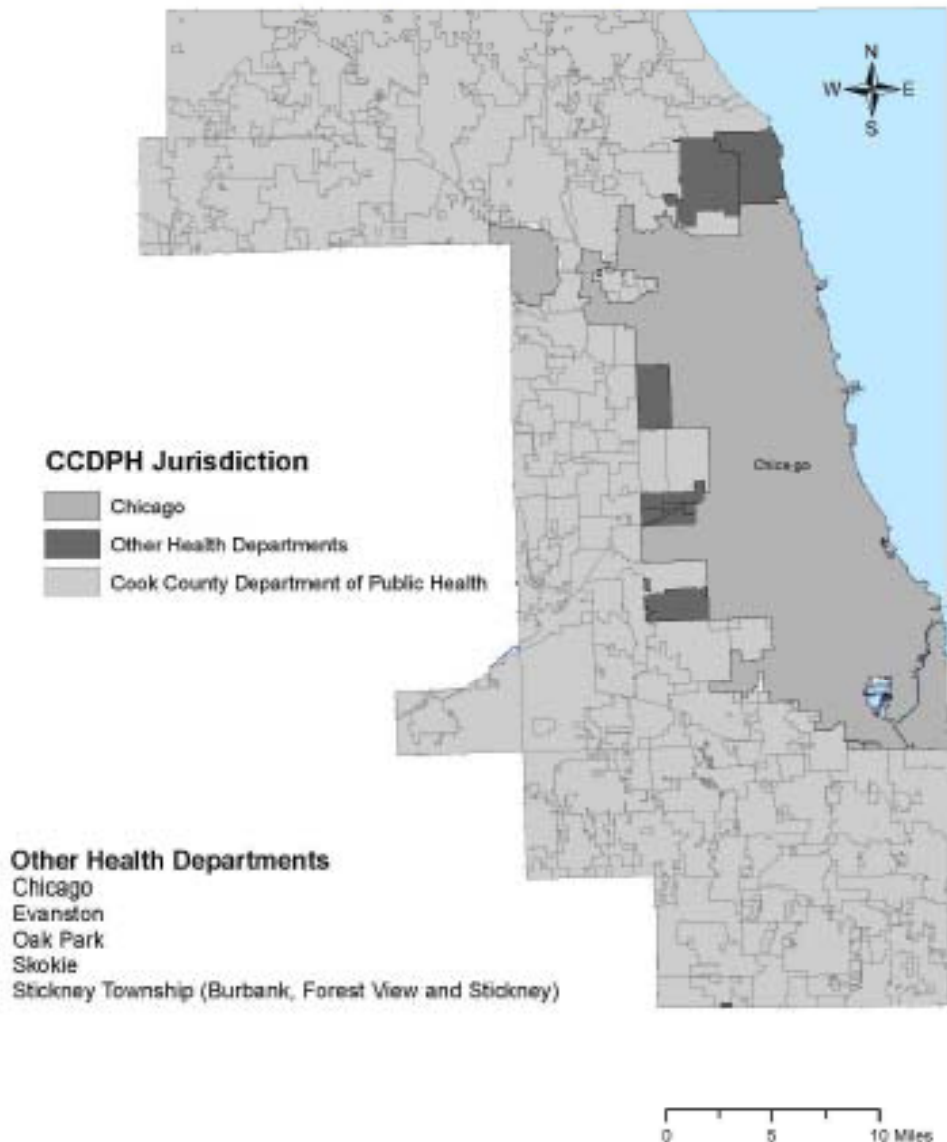
Educational Goal for Governance

- CCDPH is a ***RESOLUTION HEALTH DEPARTMENT***
 - Created by Ordinance of the County Board in 1945
- Cook County Department of Public Health relates to two governing entities
 - Cook County Board of Commissioners who are our Board of Health & the source for our Police Powers
 - Board of Cook County Health and Hospitals System for our day to day operations
- Today we will
 - Review Mandated Services
 - Review various CCDPH legal jurisdictions



BASIC JURISDICTION

- All of Cook County EXCEPT where there is a state certified health department.
- Most activities takes place in this geography.

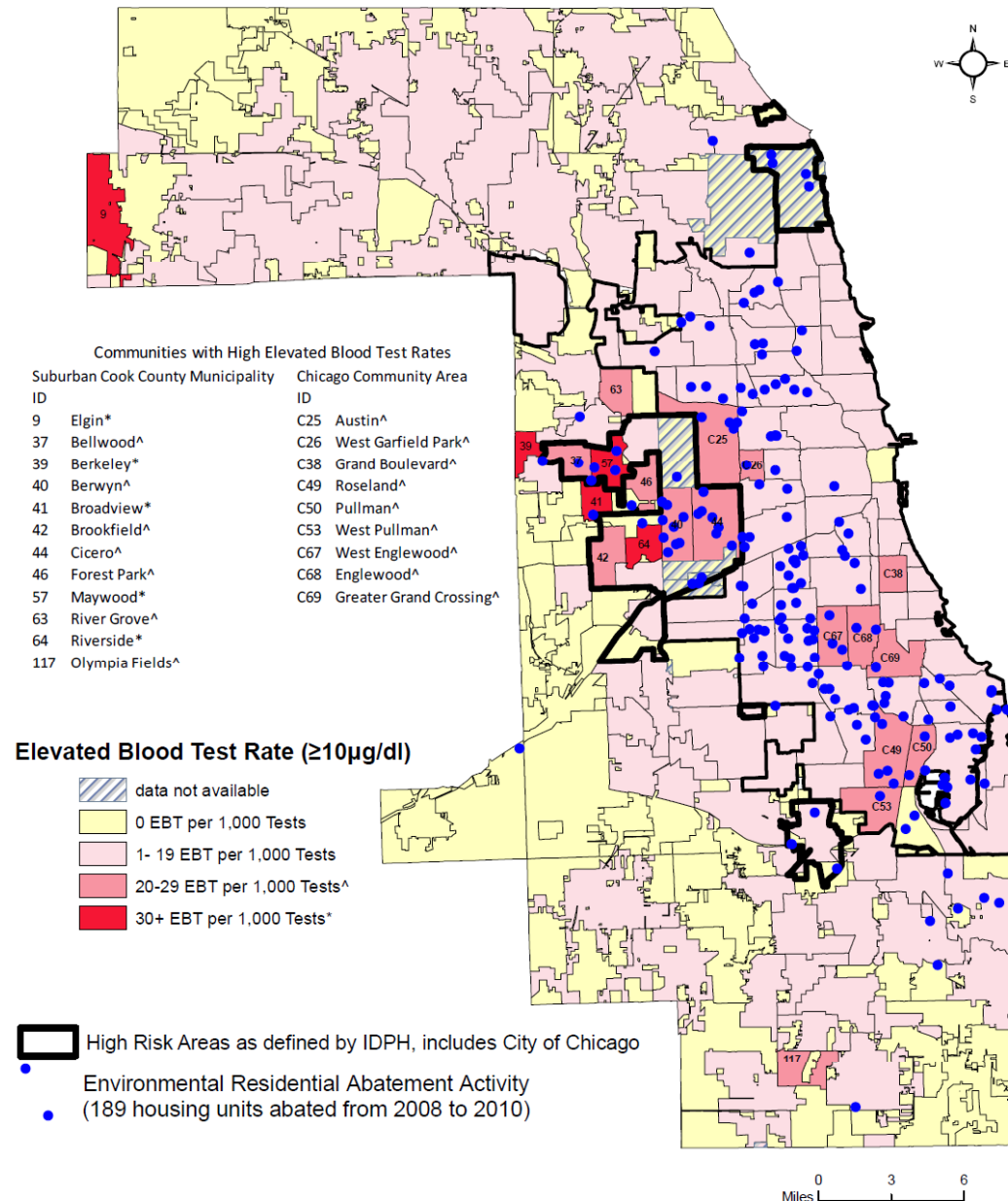


Quality Improvement Indicators FY 2013- *Department Level*

Performance Indicator	FY 2012	FY 2013
Achieve National Public Health Accreditation through the PHAB (Public Health Accreditation Board)	ON TARGET	Accreditation by December 31, 2013

Child Lead Poisoning in Cook County

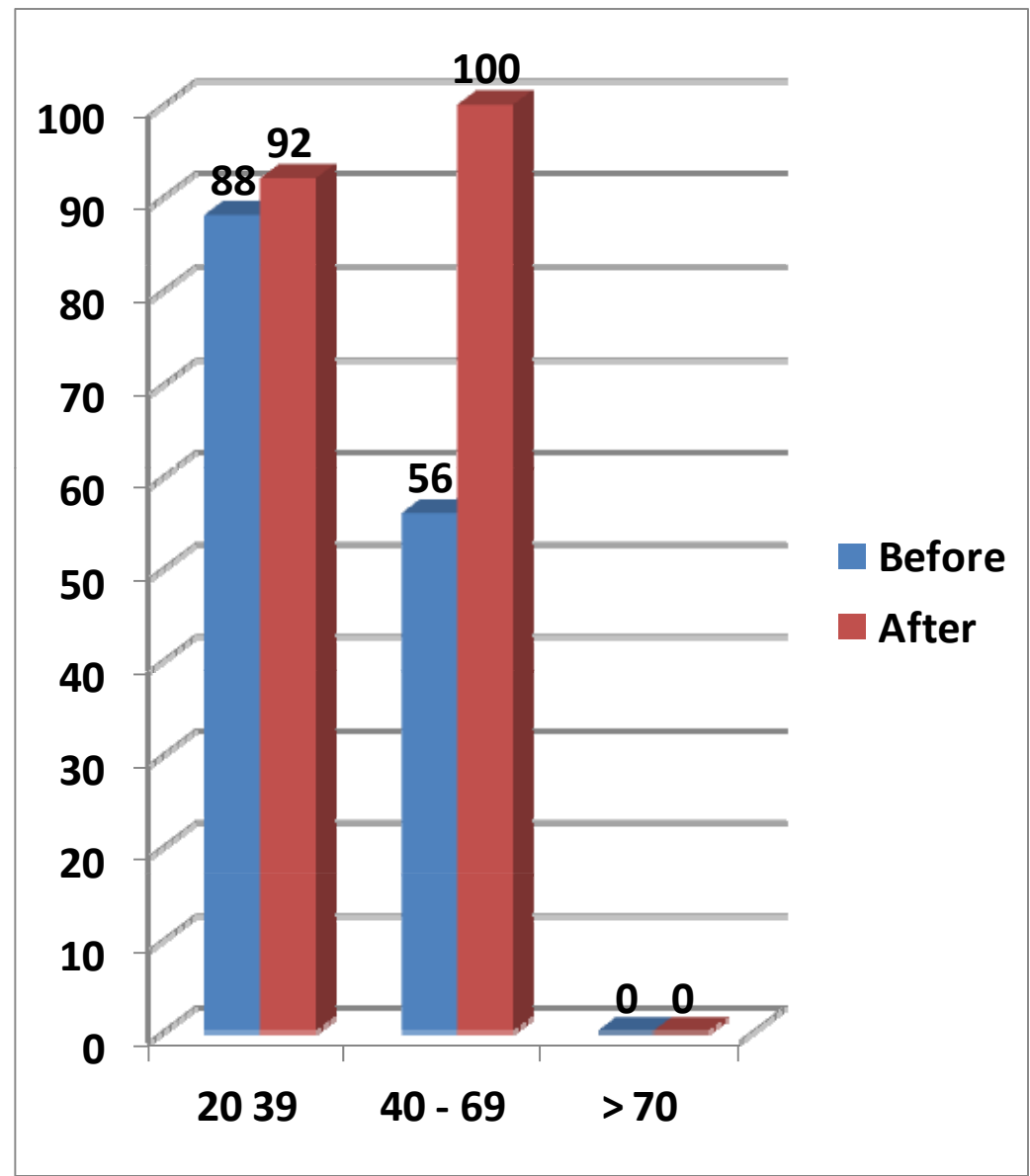
- Red areas highest rates
- Pink areas next



Childhood Lead Poisoning – Comparing data Before & After changes (August 2011)

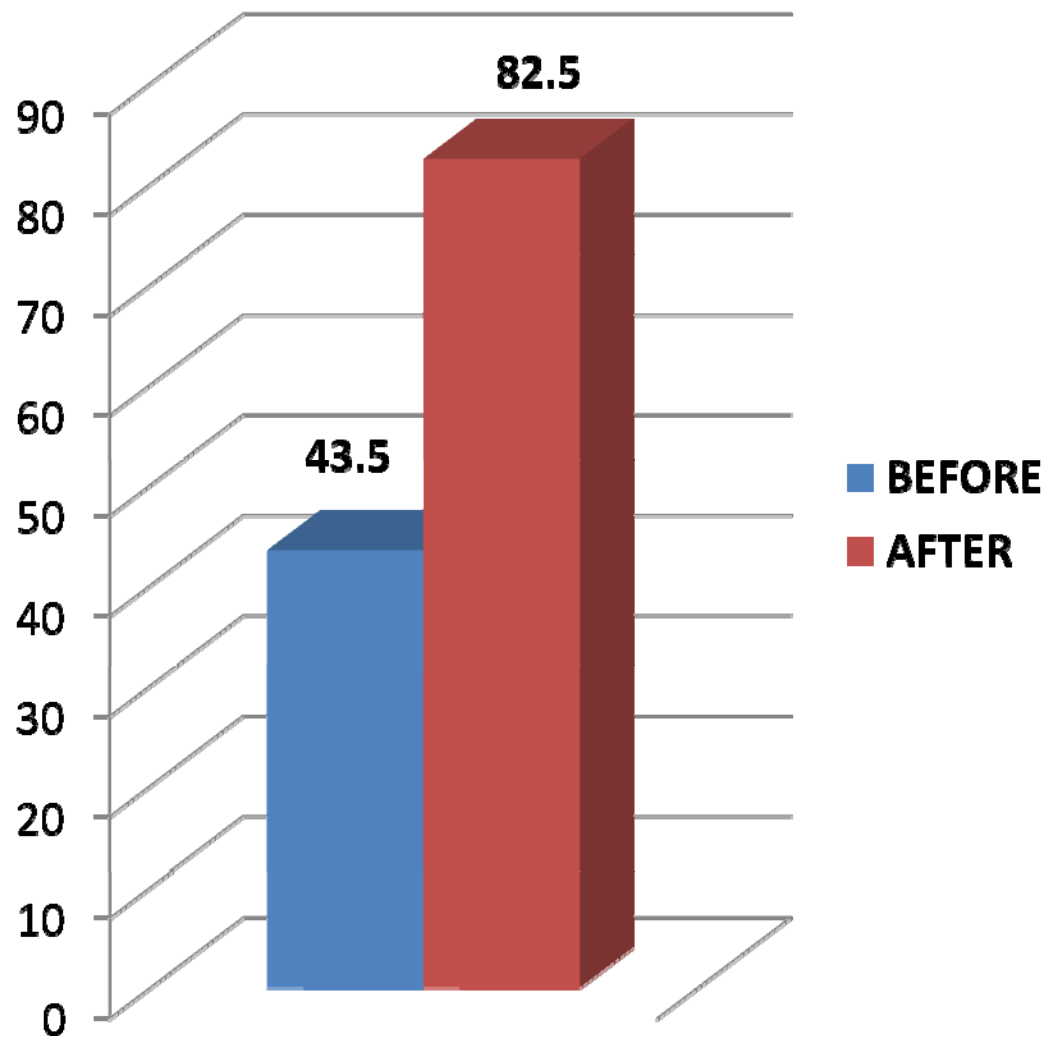
**BENCHMARK: 100% of
cases will be visited
within the time periods
below –**

Elevated Blood Lead (EBL)	
20 – 39	within 10 days
40 – 69	within 5 days
> 70	within 2 days



Childhood Lead Poisoning – Comparing data Before & After changes (August 2011)

BENCHMARK: 100%
of Elevated Blood
Lead children with
levels 20 or greater
will receive a JOINT
home visit from
Environmental and
Nursing.



Quality Improvement Indicators FY 2013 – *Lead Poisoning Prevention*

Performance Indicator	August 2011 – July 2012	FY 2013 TARGET
Percent of cases with elevated blood lead (EBL) <i>visited by a PUBLIC HEALTH NURSE:</i> * EBL 20-39 : home visit within 10 business days * EBL 40 – 69: home visit within 5 business days * EBL 70 and greater: home visit within 2 business day	92% 100% No cases	95% 95% 95%
Percent of children with EBLs of 20 or greater that receive <i>a joint home visit</i> from a public health nurse and an environmental inspector	82.4%	95%
Proportion of referrals from IDPH Stellar system <i>referred to CCDPH units within 2 days of receipt</i>	98%	95%
Proportion of <i>mitigation orders</i> that are developed within 10 business days of the environmental inspection	95%	95%

Quality Improvement Indicators FY 2013 – *Lead Poisoning Prevention*

Performance Indicator	August 2011 – July 2012	FY 2013 TARGET
Proportion of <i>child care providers</i> in high risk zip codes that are <i>educated</i> on incorporating lead screening & testing policies in their parent handbooks.	No data	90%
Number of <i>healthcare providers</i> serving children in high risk zip codes that <i>receive education</i> on lead screening policies and Medicaid pay-for-performance incentives for testing.	No data	50%
Number of private residences that receive mitigation/abatement services to correct lead based paint hazards.*	No comparable data	80%
<i>* Dependent on grant funding levels</i>		

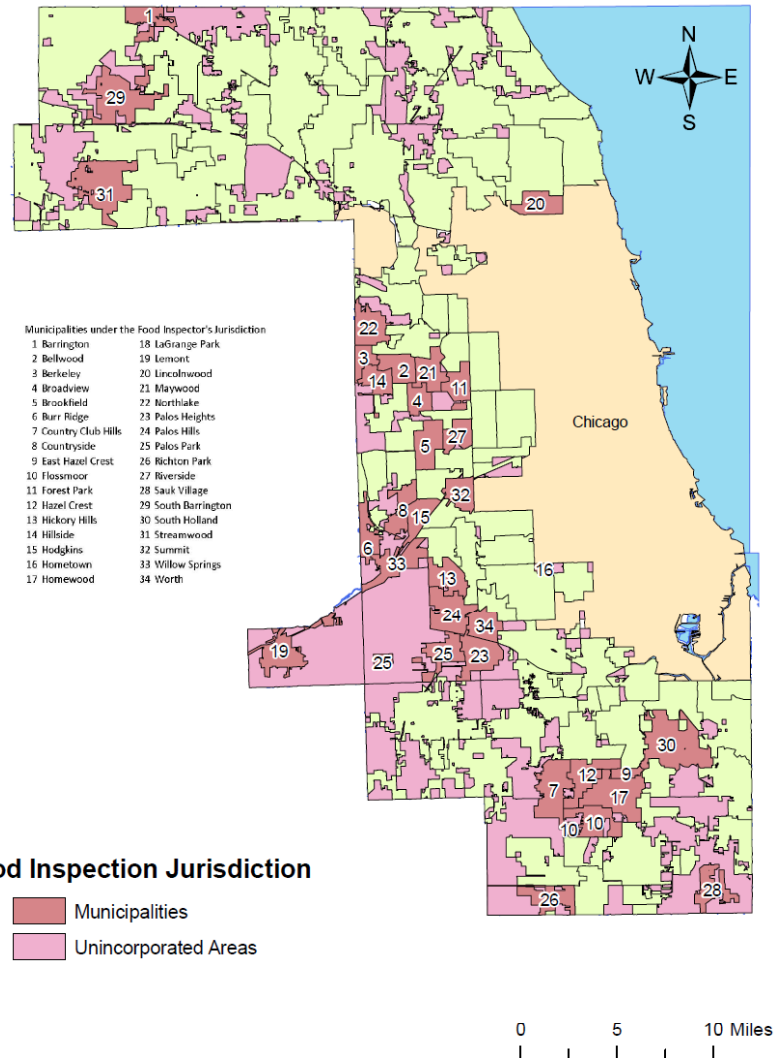
CCDPH Food Inspection Jurisdiction

FOOD INSPECTION

* CCDPH is responsible for food inspections in UNINCORPORATED Cook County

* CCDPH provides on a **CONTRACTED** basis food inspections in certain suburban communities.

*CCDPH is responsible for **FOOD BORNE OUTBREAKS OF ILLNESS** everywhere in suburban Cook County where there is NOT a state certified local health department.



Quality Improvement Indicators FY 2013 – *Environmental Health*

Performance Indicators	FY 2012	FY 2013
Percent of food establishments with non-food related complaints within non-contract communities that are referred to the appropriate licensing authority within 2 business days.	No Available Yet	100%
Percent of nuisance complaints related to failing private sewage disposal systems in suburban Cook County that are investigated within 5 business days of receipt of complaint.	No Available Yet	100%
Percentage of nuisance complaints NOT RELATED to failing private sewage disposal systems in unincorporated suburban Cook County that are investigated within 10 business days of receipt of the complaint.	No Available Yet	90%
Percentage of nuisance complaints determined to be the responsibility of other jurisdictions that are referred to the appropriate agency within 3 business days of receipt of the complaint.	No Available Yet	100%

Quality Improvement Indicators FY 2013- *Communicable Disease*

PERFORMANCE INDICATOR	FY 2012	FY2013
Percentage of primary & secondary syphilis cases (P&S) referred to field investigation or assigned final disposition within 3 business days	n.a.	95%
Percentage of P&S cases receiving a phone call within 3 business days of field assignment.	n.a.	95%
Average Contact per Index case of P&S syphilis	n.a.	1.0
Percentage of P&S cases closed within 30 days of field assignment	n.a.	95%
Percentage of locatable partners to a confirmed case of P&S syphilis referred for testing and/or treatment.	n.a.	75%

Quality Improvement Indicators FY 2013 – *High Risk Infants*

Performance Indicators	FY 2012	FY 2013
Percent of high risk infants referrals received through the APORS (Adverse Pregnancy Outcome Reporting System) that are contacted for follow up by the Public Health Nurse within 14 calendar days of referral.	n.a.	100%
CCDPH will identify top ten referral diagnoses from APORS for suburban Cook County	n.a.	Top ten ICD/9ICD/10 DX identified
CCDPH will identify suburban Cook County zip codes with highest rates of top ten referral diagnoses for APORS	n.a.	List of Cook County zip codes by ICD/9ICD/10 codes

CCDPH JURISDICTION FOR TUBERCULOSIS

- CCDPH has authority in ALL of suburban Cook County for TB
- The CCHHS now is responsible to make sure that clinical care is provided to people with TB in the city & suburbs. (Some patients are cared for by private physicians)
- CCDPH strategic plan calls for close coordination and eventual merger of TB clinical activities with the Division of Pulmonary Medicine at Stroger Hospital.
THIS IS ONGOING AND ON TARGET.
- CCDPH will maintain the population based (public health) services as required of a certified health department.



Quality Improvement Indicators FY 2013 - **TUBERCULOSIS**

PERFORMANCE INDICATOR	BASELINE	FY 2013 TARGET
<u>COMPLETION OF RX:</u> For patients with newly diagnosed TB for whom 12 months or less of treatment is indicated increase the proportion of patients who complete treatment within twelve months.	80.2% (2010 data)	93% (National 2015 target)
<u>INCREASE HIV TESTING</u> among patients with tuberculosis.	89.3% (2011 data)	90% (National 2015 target = 88.7%)
<u>CONVERSION OF SPUTUM CULTURE:</u> Increase the percentage of TB patients which positive sputum culture results who have documented conversion to sputum culture negative within 60 days of treatment initiation.	70.3% (2010 data)	78% (National 2015 target = 60%)

Reports Issued since last report

- **Focus on Food:**
 - *The Suburban Cook County Food System: An Assessment and Recommendations (Report of the Suburban Cook County Food System Steering Committee) February 2012.*
 - *Food Access in Suburban Cook County (March 2012)*



**Cook County Department
of Public Health**

Reports to be released

- ***CD Update: August 2012***
 - Focus on drug resistant Gonorrhea
 - Reminder that 66% of cases occur among youth (15-24 years of age)
- ***Annual Tuberculosis Surveillance Report, 2011***
 - While the rate of TB in suburban Cook is half that of the city; the proportion of suburban cases has increased (between 2001 & 2010 the proportion of suburban cases increased from 27% to 37%)



**Cook County Department
of Public Health**

FUTURE REPORT : Fall 2012

- **Update on CCDPH Strategic Plan**
- **Formal Quality Improvement Plan:**
 - **Defining process**
 - **Including indicators presented TODAY**

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ATTACHMENT #2
(attached electronically)

Cook County Health and Hospitals System
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ATTACHMENT #3

The Suburban Cook County Food System:

An Assessment and Recommendations

Report from the Suburban Cook County Food System Steering Committee

February 2012



Cook County Department
of Public Health

Made possible through funding from the Department of Health and Human Services: Communities Putting Prevention to Work (CPPW). CPPW is a joint project between the Cook County Department of Public Health and the Public Health Institute of Metropolitan Chicago.



NORTHERN ILLINOIS UNIVERSITY

**Center for
Governmental Studies**

Outreach, Engagement, and Information Technologies

The findings and conclusions presented in this report are those of the writers/report team alone and do not necessarily reflect the views, opinions, or policies of the officers and/or trustees of Northern Illinois University. For more information, please contact Patricia Inman, pinman@niu.edu or Katherine Davison kdavison@niu.edu.

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EXECUTIVE SUMMARY

The suburban half of our nation's second-largest county is home to more than two-and-a-half million people, many of whom do not have access to healthy, fresh foods. The results are staggering: Over the past two decades, obesity rates in suburban Cook County have doubled for adults and tripled for children – and lack of fresh food has been cited as a major contributor to that trend.¹ In the poorest parts of suburban Cook County, food insecurity rates top those in the poorest sections of the city of Chicago. Yet aggregated data that portrays the entire suburban county area masks the severity of fresh food scarcity in these isolated areas.²

The complexity of a food system that hinders access is not always obvious. The American Dietetic Association, the American Nurses Association, the American Planning Association and the American Public Health Association have established consensus on the principal characteristics of a health-focused food system: health promoting, sustainable, resilient, diverse, fair, economically balanced, and transparent. An analysis of data related to these elements in suburban Cook County shows dramatic inconsistency between and among various communities. Food insecurity rates within the county range from the low single digits in wealthy areas such as Kenilworth and Burr Ridge to 45% – 55% in the municipalities of Ford Heights and Robbins.³ Not surprisingly, rates of unemployment and low income follow this same geographic pattern.

During an eight-month period, the writers worked closely with the Suburban Cook County Food System Steering Committee to strategize and develop this document. The perspective reflected is that of the steering committee, with public input obtained through a survey tool and a community-wide forum. In the interest of inclusivity, issues identified in the survey and at the forum are listed throughout the report and have driven much of the supporting data.

The ability to address inequality in access to fresh food is complicated by the complexity of the food system. Five main functions move food from farm to table: production, processing, distribution, access, and waste management. The interdependency of those functions creates a confusing and largely invisible web. Making food systems more visible allows regions to bring appropriate partners to the table for collaboration and helps government agencies make informed policy choices.

Comprehensive food policies can also have dramatic impact on local economies. Public input from both the survey and the public forum indicate that Illinois residents want more locally-grown food. However, only about four percent of what we eat is produced in this state. Illinoisans annually spend \$48 billion on food imported from other states, so policy changes that encourage more local production have strong economic development implications as well.⁴

The environmentalist mantra – “Think globally, act locally” – could well be applied to the challenge of achieving greater food equality and better health for the residents of suburban Cook County. With the largest number of municipalities of any state in the U.S. (and widespread commitment to ‘home rule’), meaningful change on any issue requires a focused, regional approach. For example, the metropolitan Chicago area is the truck and rail freight center of North America, yet fresh food shipments often pass through impoverished sections of suburban Cook County on their way to stores and restaurants in the city of Chicago. Food systems are not defined by municipal jurisdictions, yet without transparency and regional coordination, disenfranchised communities will remain ‘food poor.’

This report is a snapshot of the current food system in suburban Cook County and lays the groundwork for broader regional planning around local food. Discussion papers in the past have typically focused on the city of Chicago.⁵ Suburban Cook County has much in common with Cook County as a whole, yet the area offers unique assets and challenges in the development of a healthy food system. While this report focuses on suburban Cook County, its conclusions call for county-wide collaboration around creation of a food system that is health-promoting, sustainable, resilient, diverse, fair, economically balanced, and transparent. Recommendations for achieving this fall under three main areas.

1. RESOURCE ASSESSMENT

Increasing food production by utilizing available traditional and non-traditional land for production.

2. FOOD AS AN ECONOMIC DRIVER

Supporting the development of food-related businesses that increase fresh access and develop sustainable economies for low-income communities.

3. COORDINATION AND EDUCATION

Increasing transparency of local food systems to facilitate regional collaboration.

INTRODUCTION

While earlier initiatives have addressed food system needs in the city of Chicago, little attention has been paid to underserved populations in the remainder of Cook County. A superficial look at data from the suburban portion of Cook County would indicate adequate access to fresh food, yet closer analysis of specific communities, particularly in the south and southwest suburbs, tells a different story. This report provides background information to support the development of a coordinated health-focused food system, and includes a description of current issues and conditions of the *suburban* Cook County food system.

The Assessment Process

During an eight-month period, the authors worked closely with staff from the Communities Putting Prevention to Work initiative (CPPW), as well as with the Suburban Cook County Food System Steering Committee charged with developing this document. The process included:

- Review of written reports and policies from all government levels and multiple agencies that affect food systems.
- Review of reports from both academic institutions and food system advocates.
- Compilation of maps relevant to the food system principles and elements.
- Review of food policies, ordinances, and reports from other municipalities within the U.S. and Canada.
- In-person and phone interviews with staff from various county and municipal government agencies, as well as non-profit agencies serving suburban Cook County.
- Facilitation of six steering committee meetings during which members provided input and direction regarding the content of this report.
- Continued conversation through an on-line forum between meetings.
- A public on-line survey sent to various advocacy and municipal groups.
- Facilitation of a public forum on October 6, 2011 hosted by CPPW.
- Preparation of various drafts with comments submitted by the steering committee.

A methodology that incorporated stakeholder input was utilized. The steering committee members represented diverse community roles and served to define issues and guide data collection so that an accurate picture of the suburban Cook County food system emerged.

The process also relied heavily on guidance from food advocate and expert Mark Winne, director of the Food Policy Council of the National Community Food Security Coalition. His focus on the development of food policy councils throughout North America provides much of the organization for this report, particularly his emphasis on the need to look at projects, partners, and policy in the development of community food systems.⁶

This report also considers findings from the Chicago Metropolitan Agency for Planning (CMAP) document *GO TO 2040*, metropolitan Chicago's first comprehensive regional plan in more than 100 years.⁷ CMAP's Local Food Chapter Outline⁸ was particularly helpful in the organization of this report. The focus of both these documents is developing greater access to healthy, locally-sourced foods from the region.

This report is grounded by principles found in the Illinois Food, Farms, and Jobs Act of 2009. The act created a food-based economic development strategy to enrich Illinois families, businesses, and communities (as well as the state's treasury) by:

- Stimulating economic development by uniting our abundant resources: rich farmland, a temperate climate, a rich farming heritage, and a large, diverse customer population.
- Supplementing long-term public health strategies designed to curb childhood diabetes and obesity.
- Ensuring food supply preparedness in the event of a natural or man-made emergency.
- Providing strategies for sustainable economic growth based on the development of local food systems.

The Food Act strategy included progressive steps toward greater local food production, including:

- Directing state agencies to align their missions in support of this suggested economic development, public health, and emergency preparedness strategy.
- Mandating that state institutions source at least 20% of their food locally by 2020.
- Assembling a team to streamline rules and regulations governing local food production, processing, and marketing.
- Creating an Illinois Local Food, Farms, and Jobs Council to coordinate development of community-based farm and food networks statewide, pooling funds from federal agencies and private entities to build local farm and food networks.

Profile of Suburban Cook County

Cook County is the second most populous county in the United States. It is home to 5,194,675 people, or 40.5% of all Illinois residents. Nearly half (48%) of those residents live in the suburban portion of the county outside the city of Chicago. The racial composition of suburban Cook County is fairly homogeneous, with Whites making up 67% of the population, Blacks 16%, Asians 7%, and 8% reporting themselves as some other race. Hispanics or Latinos cross all racial categories and represent 19% of the total population. Suburban Cook County saw minimal change from 2000 to 2010 in any one racial subset and an average increase in Hispanics (see Figures 1 and 2).

Figure 1

Race in Suburban Cook County

US Census Bureau, 2000 and 2010 Decennial Censuses

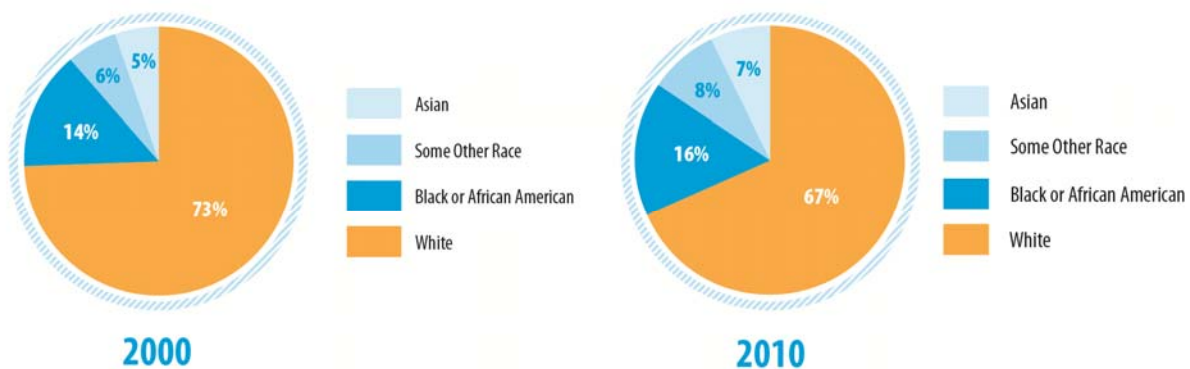
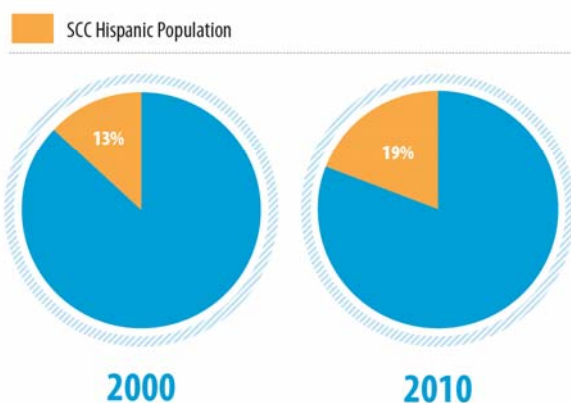


Figure 2

Suburban Cook County Hispanic Population

US Census Bureau, 2000 and 2010 Decennial Censuses



There are more than 130 incorporated municipalities in Cook County, the largest of which is the city of Chicago. Outside of the city limits, suburban Cook County is divided into 30 townships.⁹ Township government is unique to Midwestern and Northeastern states and most Canadian provinces. In Illinois, a township is a land parcel six miles by six miles. Townships and municipalities each have powers and responsibilities that are exclusive from one another.

A common theme of disparity in access to healthcare and fresh food emerged in a recent report released by the CCDPH titled: *WePlan 2015, Suburban Cook County Community Health Assessment and Plan*. One in six residents of suburban Cook County reports lack of access to healthy food. Problems purchasing fresh food doubled for survey respondents reporting income of less than \$60,000.00. Over half the adults in suburban Cook County are overweight or obese, as are roughly 40% of children. Three in four adults do not eat the recommended amount of fresh fruits, and a large majority are not physically active.¹⁰ Additionally, obesity and smoking (the leading causes of cardiovascular disease) are higher among the poor, less educated, and minorities. And pockets of poverty are growing. An increase in poverty in suburban Cook County is seen among white men and women who previously had high incomes. Finally, the report identified the need for improved systems and better coordination to address all of the aforementioned problems.¹¹

The Greater Chicago Food Depository has provided an even more detailed look at food insecurity in Cook County.¹² The organization released a study in September 2011 providing community-level data in Cook County of the number of individuals who are food insecure. USDA Economic Research Service defines food insecurity as a household-level economic and social condition of limited or uncertain access to adequate food.¹³ Data was gathered for all of Chicago's 77 community areas and 119 Cook County suburbs. The new findings point to strong links between unemployment and food insecurity, and to high concentrations of food insecurity in communities on the West and Southwest Sides of Chicago and in several Cook County suburbs. Among the key findings of that study:

- In the city of Chicago, the overall rate of food insecurity is 20.6%; in suburban Cook County, 15.4%.
- The highest rates of food insecurity in the city of Chicago were in Riverdale (40.8%), Washington Park (34.0%), Englewood and north Lawndale (both at 31.2%). In suburban Cook County, the worst rates were even more dramatic, with Ford Heights (55.5%), Robbins (45.0%) and Dixmoor (38.7%).

- In the whole of Cook County, 36% of those who are food insecure - 304,528 individuals - earn more than 185% of the poverty level (\$20,146 for a household of one) and are thus not eligible for most federal nutrition programs.

Residents of Cook County live in neighborhoods that are highly segregated by race and ethnicity. The Urban Institute found that of the 100 metropolitan areas in the United States, metro-Chicago ranked 91st out of 100 for Latino-White segregation and 98th out of 100 for African-American/White segregation, with a dissimilarity index of 56.3 and 75.2 respectively, reported by Brown University's US 2010 project, using 2010 Census data. The dissimilarity index ranges from 0 to 100, where 100 reflects complete separation between two groups.¹⁴

Racial residential segregation has significant detrimental effects on health. According to a 2011 study by Thomas A. LaVeist, et al., this is the case “not because (neighborhoods) are predominantly black or Hispanic, but rather due to higher rates of poverty. Even persons with middle and relatively higher incomes are at greater risk when more of their neighbors are poor.” The study notes that residential segregation “reduces access to the resources necessary to support healthy lifestyles, including nutrient rich food.”¹⁵

We Can Do Better: Defining a Sustainable Food System

The ubiquitous nature of food systems has rendered their workings largely invisible to the average citizen (and to most policymakers). Few Americans know where their food comes from, how it got to their grocery store, or why they have the selections they do in the produce aisle. To further complicate the matter, food policy is made at multiple levels with little-to-no coordination between jurisdictions.¹⁶ It is only recently that the American Planning Association has included food systems for consideration in their work.¹⁷ Making food systems transparent allows regions to bring appropriate partners to the table for collaboration and allows government agencies to make informed policy choices. When addressed in a coordinated manner at a regional level, food policy debate can organize discussion of multiple related issues including job creation, community building, hunger elimination, and improvement of the environment. To that end, the American Dietetic Association, American Nurses Association, American Planning Association, and American Public Health Association have established consensus on the following principal characteristics of a health-focused food system:

Health-Promoting

- Supporting the physical and mental health of all farmers, workers, and eaters.
- Accounting for the public health impacts across the entire lifecycle of how food is produced, processed, packaged, labeled, distributed, marketed, consumed, and disposed.

Sustainable

- Conserving, protecting, and regenerating natural resources, landscapes, and biodiversity.
- Meeting our current food and nutrition needs without compromising the ability of the system to meet the needs of future generations.

Resilient

- Thriving in the face of challenges.

Diverse

- Including a diverse range of food production, transformation, distribution, marketing, consumption, and disposable practices occurring at diverse scales: local, regional, national, and global.
- Considering geographic differences in natural resources, climate, customs and heritage.
- Appreciating and supporting a diversity of cultures, socio-demographics and lifestyles.

- Providing a variety of health-promoting food choices for all.

Fair

- Supporting fair and just communities and conditions for all farmers, workers, and eaters.
- Providing equitable physical access to affordable food that is health promoting and culturally appropriate.

Economically Balanced

- Providing economic opportunities that are balanced across geographic regions of the country and at different scales of activity, from local to global, for a diverse range of food system stakeholders.
- Affording farmers, workers, and eaters opportunities to actively participate in decision making in all sectors of the system.

Transparent

- Providing opportunities for farmers, workers, and eaters to gain knowledge necessary to understand how food is produced, transformed, distributed, marketed, consumed, and disposed.
- Empowering farmers, workers, and eaters to actively participate in decision-making in all sectors of the system.¹⁸

How Does Suburban Cook County Measure Up to Those Principles?

In addition to those indicators already referenced in the “Profile of Suburban Cook County” section, the following facts provide points of comparison with the principles of a health-focused food system. These indicators were identified by the steering committee and can be used as benchmarks for future assessment. As with other data sets that aggregate the experiences of a highly-diverse area, there are large contrasts between communities not reflected here. While the suburban Cook County assessment shows no glaring inequities, these same indicators could be used at a community level assessment and tell a vastly different story.

Health-Promoting

The relationship between lack of access to fresh food and communities presenting unhealthy profiles needs to be further explored and measured. Heart Disease, high blood pressure, high cholesterol, diabetes and issues related to mental health have emerged as problems in the U.S. as a whole and can be linked to food access issues. Clearly, suburban Cook County shows a similar profile.

Figure 3

Percent of Suburban Cook County Residents Reporting Their General Health Being

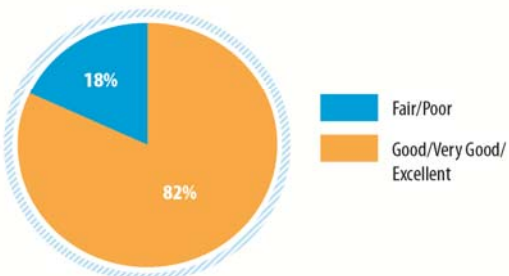


Figure 4

Percent of Suburban Cook County Residents Reporting Their Physical Health to Be "Not Good" in the Past 30 Days

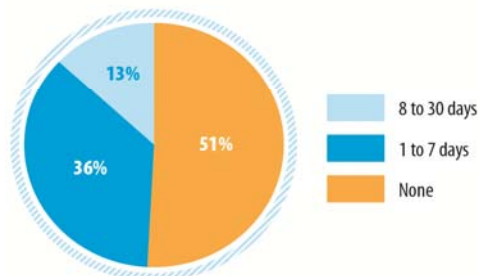


Figure 5

Percent of Suburban Cook County Residents Reporting Their Mental Health to Be "Not Good" in the Past 30 Days

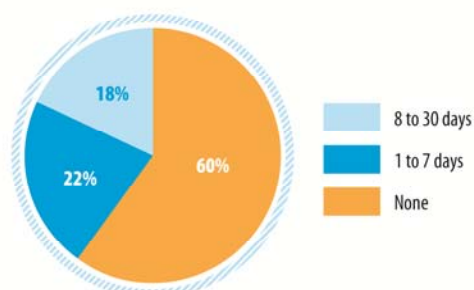


Figure 6

Percent of Suburban Cook County Residents Reporting Having High Cholesterol

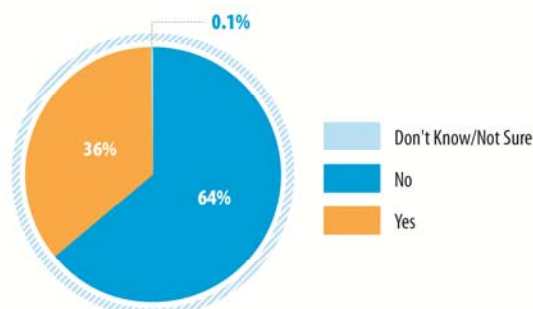


Figure 7

Percent of Suburban Cook County Residents Reporting Having High Blood Pressure

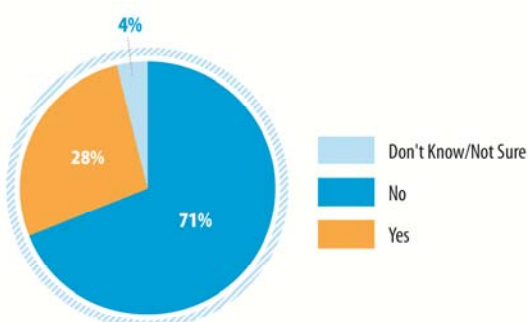


Figure 8

Percent of Suburban Cook County Residents Reporting Having Angina or Coronary Heart Disease

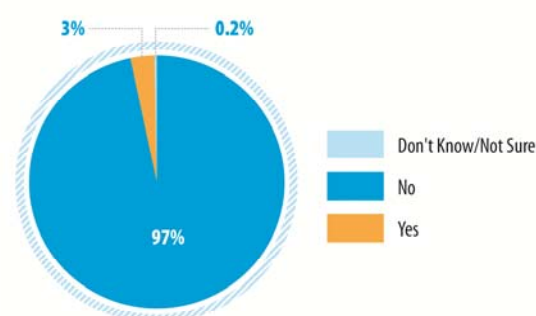


Figure 9

Percent of Suburban Cook County Residents Reporting Having Diabetes

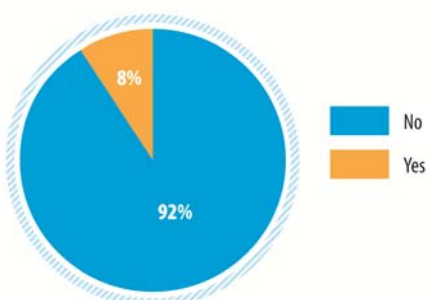
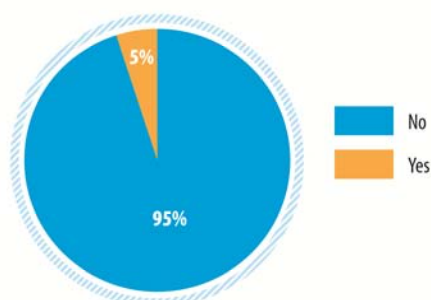


Figure 10

Percent of Suburban Cook County Residents Reporting Having Pre-Diabetes or Borderline Diabetes



Source: Cook County Department of Public Health, Suburban Cook County Behavioral Risk Factor Surveillance System, 2011

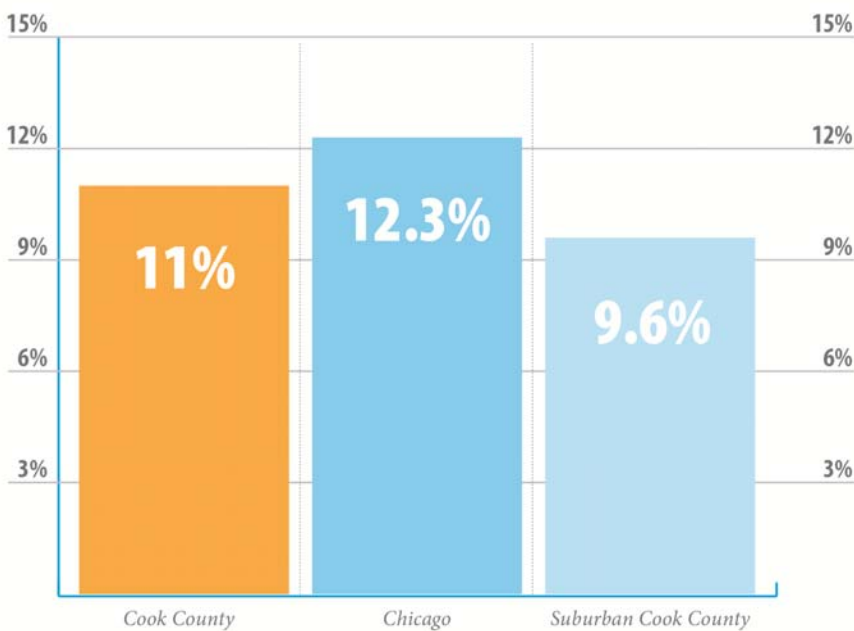
Resilient

Resiliency allows communities the ability to thrive in the face of economic downturns. Data collected from the U.S. Census Current Population Survey (CPS) show that individuals with less education attainment experienced greater percentage-point increases in their unemployment rates than their more educated counterparts.¹⁹ Higher levels of education also offer greater options for changing career paths when necessary. As previously noted, unemployment and low income are closely linked with higher levels of food insecurity. It is also important to remember that suburban Cook County includes both wealthy and impoverished communities; thus the aggregated data presented below obscures the severity of crisis on the low end.

Figure 11

Percent Unemployed

US Census Bureau, 2007 - 2009 American Community Survey

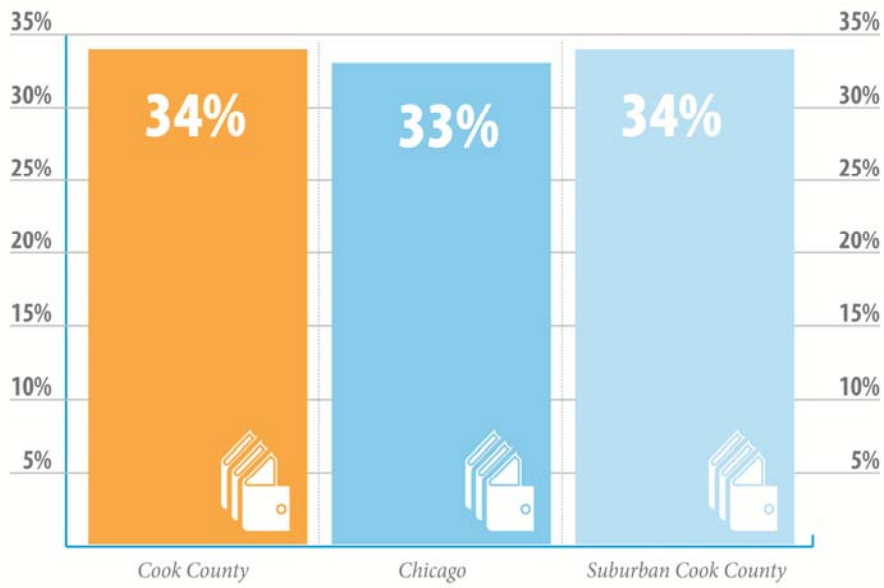


Resilient (cont.)

Figure 12

Percent with Bachelor's Degree or Higher

Source: US Census, American Community 3 year Survey 2010



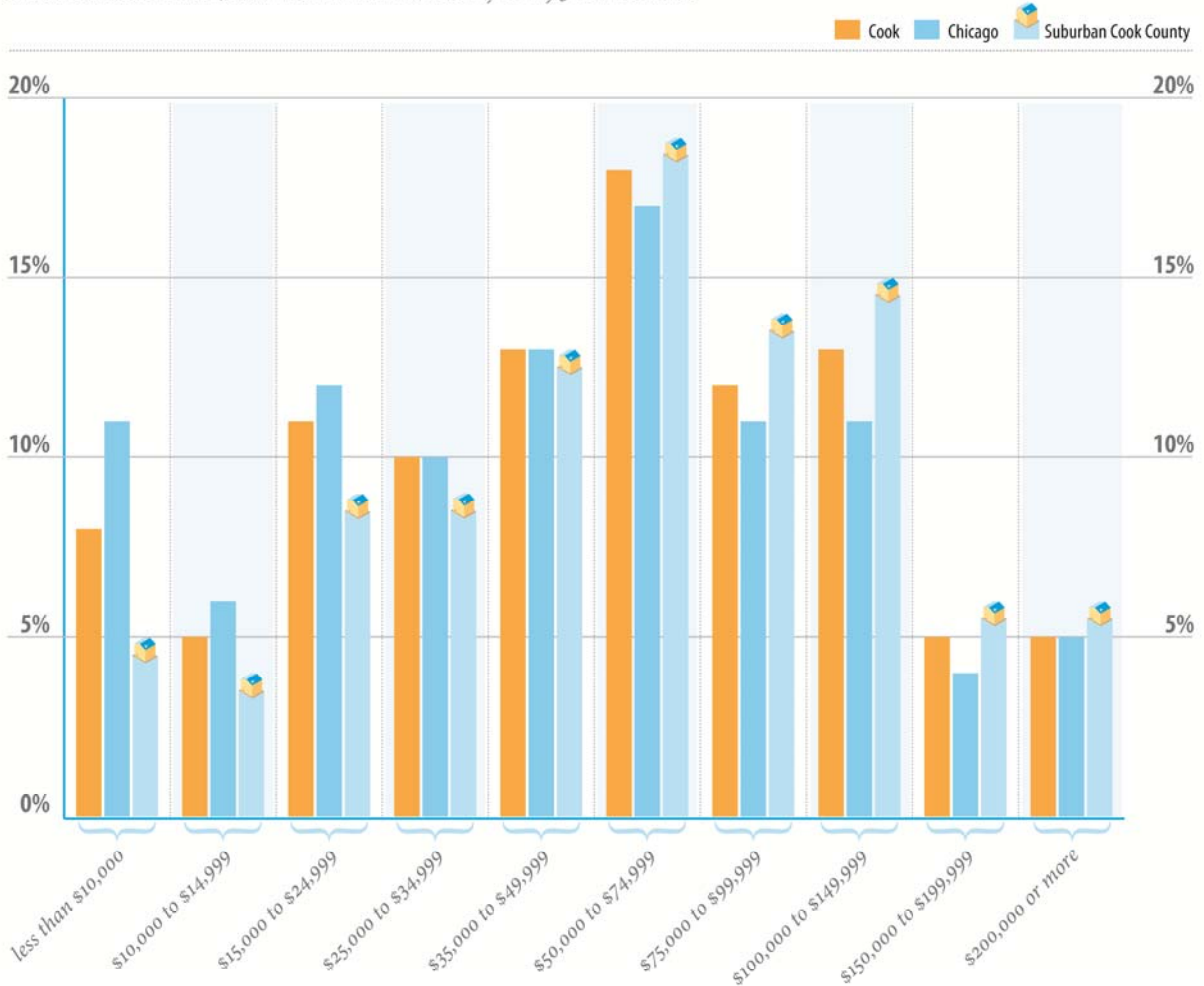
Fair and Economically Balanced

As would be expected, income equity parallels that of employment levels. What are not obvious are the lack of employment opportunities that exist in suburban Cook County. The absence of small- and medium-sized businesses in the southern region is responsible for unemployment and poverty rates far higher than the averages depicted here. The absence of food-related businesses not only decreases access to fresh food but also minimizes a community's economic vibrancy and earning power.

Figure 13

Household Income (In 2010 Inflation-Adjusted Dollars)

Source: US Census Bureau, 2008-2010 American Community Survey 3-Year Estimates



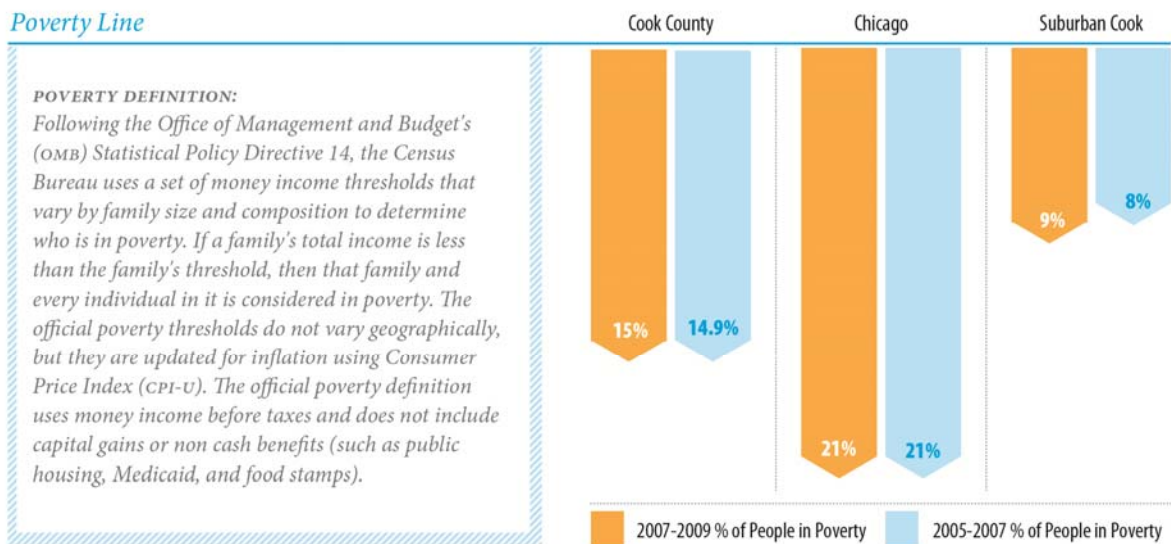
Transparent

Families living below the poverty line often live invisible lives. As is discussed in the section of the report dealing with Access, only 70% of eligible families take advantage of food support programs, compounding the challenge of poverty.

Figure 14

Percent of Suburban Cook County (SCC) Residents Living Below the Poverty Line.

Source: US Census Bureau, 2005 - 2007 and 2007 - 2009 American Community Survey



THE SUBURBAN COOK COUNTY FOOD SYSTEM

While nearly half of all Cook County residents live in the suburban portion of the county, previous discussion papers have almost exclusively focused on the city of Chicago.²⁰ Suburban Cook County has much in common with Cook County as a whole, but also presents unique assets and challenges in the development of a healthy and sustainable food system. This report endeavors to capture a snapshot of suburban Cook County from the context of its existing food system. Solutions addressing food system issues will require coordination with the city of Chicago and the broader region.

Food System Components

A food system is a set of economic activities that encompasses production, transformation (processing, packaging, labeling), distribution (wholesaling, storage, transportation), access (gardens, retail, institutional food service, emergency food programs), consumption, and waste management. Given its scope, a region's food system is a prime driver of the health of a region's economy, land use, environment, communities, and residents.²¹

Community members provided input on the issues facing the suburban Cook County food system through an online survey completed by 857 respondents and a public forum held on October 6, 2011 hosted by CPPW and attended by 43 participants. Survey respondents and forum participants represented stakeholders within suburban Cook County. Participants at the public forum were allowed to self-select from six discussion groups, five focusing on the impact areas and one group focusing on the food system as a whole. Understandably, the group focusing on the overall food system had issues that were the most extensive and complex. However, the broader system-wide issues also emerged in the individual component discussions.

- Lack of a coordinating body for Cook County's food system.
- Lack of understanding the cost of fresh food.
- Finite water sources.
- Complex policies for smaller farms.
- Land availability.
- Federal funding opportunities.
- Addressing issues identified by the Food, Farms, and Jobs Act.
- Lack of education regarding the health-related costs of not eating healthy food.

The following sections describe stakeholder input on the individual component areas of the food systems, discussion of the issues, and recommendations for addressing the issues.

PRODUCTION

STAKEHOLDERS WEIGH IN

Public Forum Issues

- Planning and zoning hurdles encountered by proponents of community gardens.
- Regulations at all governmental levels that constrain alternative food sales such as farmers' markets.
- Potential soil contamination in both urban and rural settings.
- Hurdles encountered by those attempting to start a new business.
- Limited outlets for extended-season produce sales such as winter farmers' markets.
- Lack of inventory of productive land within suburban Cook County.
- The need for education in innovative farming methods such as vertical farming, rooftop gardens, community gardens, and hydroponics.

Survey Issues

- Waste elimination.
- Absence of community stakeholders and residents 'at the table' in the agriculture policy and rulemaking process relating to production.
- Negative environmental impacts of farming methods.
- Federal agriculture policy not supportive of the growing and raising of foods needed for a healthy nation.
- Farmland purchased by foreign countries or non U.S. organizations.

Illinois, home to 76,000 farms and more than 950 food manufacturing companies, is a solidly agricultural state in the heart of America's bread basket. Fully 80 percent of the state is farmland. Yet only four percent of all the food eaten in Illinois is actually grown there. Most of the crops grown in Illinois are exported to other states and nations, while similarly vast quantities of fresh food are imported from other states to feed Illinois' 12.8 million residents. With annual food expenditures of \$48 billion, Illinois' current food system sends enormous amounts of money out of state, and leaves many of its residents without adequate access to healthy fruits and vegetables.²²

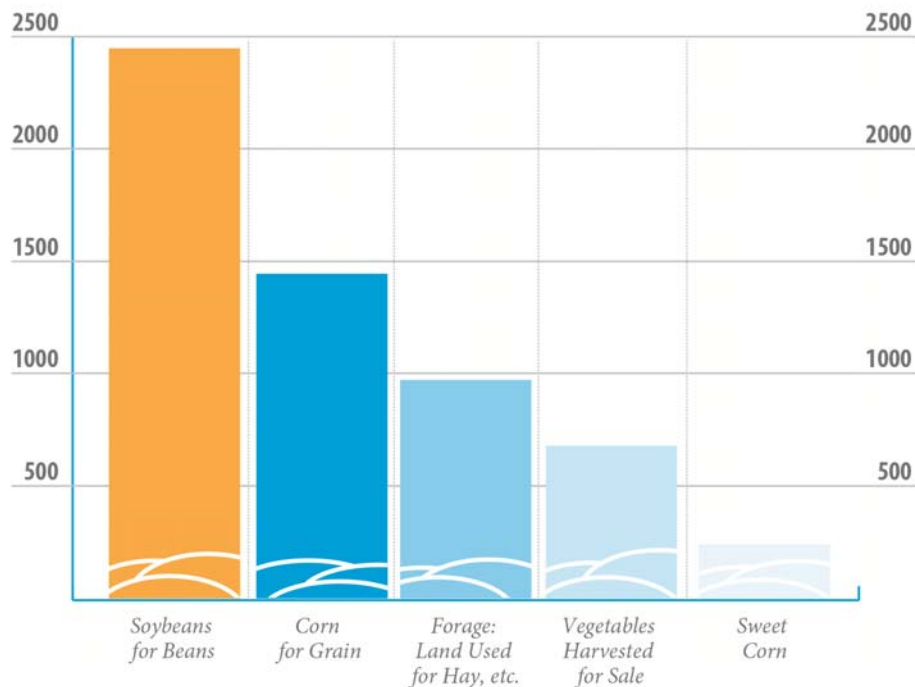
Much of Illinois' reliance on imported food is due to its vast swath of flat, fertile soil that makes cultivation with large machinery especially easy. "Row crop" farming in our state produces not consumable fresh food, but the commodity crops of corn and soy beans (see Figure 15).

These crops are most frequently used for animal feed or, more recently, the production of ethanol fuel. Federal farm bills have increasingly provided subsidies for such production. Originally intended to prevent family farm foreclosures, federal subsidies today reward large agribusinesses for expanded production that employs the use of chemicals and mono-crop production.²³ The past two rounds of the Farm Bill have provided greater support for the production of local specialty crops with the 2012 version currently being negotiated to provide increased support for an alternative food system that is equitable and sustainable.

Figure 15

Cook County Top Crop Items 2007, Acres

United States Department of Agriculture, 2007 Census of Agriculture



Increasingly, studies show that food production needs less space than previously considered. A particularly powerful scenario was prepared by the Leopold Center of Iowa State University. Author David Swenson notes: “One of the key assumptions in the study was that farmers in a region can grow enough of 28 kinds of fruit and vegetables to meet demand, based on population, during a typical growing season (about four months of the year) and longer for crops that could be stored, such as onions or garlic.” The land required for this production was equal to the cropland in a single Iowa county. Swenson continues:

Although relatively few acres would be required to significantly increase fruit and vegetable production in the region, the study also found that the job gains could be significant, compared to the number of jobs currently generated by the same amount of land under conventional agricultural production.

Another key assumption was that half of the increased production would be sold in producer-owned stores, resulting in additional impacts on regional economies. The six-state region would need about 1,405 establishments staffed by 9,652 people earning \$287.64 million in labor incomes.²⁴

Another study shows that Cleveland, Ohio, and other post-industrial U.S. cities can generate up to 100 percent of their current needs for fresh produce and other food items.²⁵ The implication is that when assessing possible sites for food production, one need no longer look only at large parcels of land that are zoned for agricultural production. Smaller pockets including land that can be cultivated for school and community gardens must be considered.

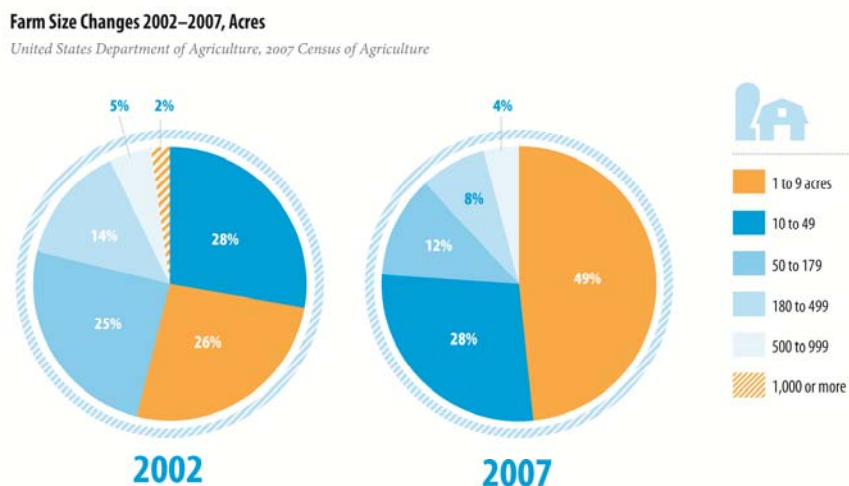
Criteria to be taken into account could include:

- Water accessibility.
- Soil contamination.
- Zoning, including options for public spaces.
- Composting opportunities.
- Accessibility.
- Alternative types of cultivation such as vertical gardening and hydroponic options.

With respect to zoning issues, as mentioned earlier, Illinois has the greatest number of municipalities of any U.S. state. This means that with its focus on home rule, interpretations of federal and state policy vary widely regarding options for food production. In order to provide consistency for food producers it has been suggested that we look to provide model language for zoning and other food policy regulations. Like natural resources, food does not respect political boundaries. Roger Dahlstrom, Assistant Director for Community and Economic Development with the Center for Governmental Studies at Northern Illinois University, suggests that we look to the language of storm water legislation that speaks in terms of “sheds” to provide policy and ordinance guidance. In this format, local ordinances defer to county guidelines.²⁶

The good news is that suburban Cook County reflects several of the trends supporting local food production. While farmland is decreasing, the number of small farms has increased by 23 percent from 2002 to 2007 (see Figure 16). Production of specialty crops is up, while production of commodity crops such as corn and soybeans has gone down.²⁷ While suburban Cook County is rarely thought of in terms of commodity cultivation, at one time it served as home to more rural communities.

Figure 16



Despite increased production and consumer interest, locally grown food accounts for a small segment of U.S. agriculture. For local foods production to continue to grow, marketing channels and supply chain infrastructure must deepen. A report by Sarah A. Low and Stephen Vogel for *Amber Waves* cited new information on farmers who market foods locally. The marketing channels they used could aid private- and public-sector efforts to support the local food production segment of the agricultural economy.²⁸ This report indicates:

- On a national level, marketing of locally produced foods, both direct-to-consumer and via intermediated channels, grossed \$4.8 billion in 2008—about four times higher than estimates based solely on direct-to-consumer sales.
- Farms marketing local foods exclusively through intermediated channels reported \$2.7 billion in local food sales in 2008—over three times the value of local foods marketed exclusively through direct-to-consumer channels and two times higher than the value of local foods marketed by farms using a combination of the two channels.
- Small farms (those with less than \$50,000 in gross annual sales) accounted for 81 percent of all farms reporting local food sales in 2008. They averaged \$7,800 in local food sales per farm and were more likely to rely exclusively on direct-to-consumer marketing channels, such as farmers' markets and roadside stands.
- Medium-sized farms (those with gross annual sales between \$50,000 and \$250,000) accounted for 17 percent of all farms reporting local food sales in 2008. They averaged \$70,000 in local food sales per farm and were likely to use direct-to-consumer marketing channels alone or a mix of direct-to-consumer and intermediated marketing channels.
- Large farms (those with gross annual sales of \$250,000 or more) accounted for 5 percent of all farms reporting local food sales in 2008. They averaged \$770,000 in local food sales per farm and were equally likely to use direct-to-consumer channels exclusively, intermediated channels exclusively, or a mixture of the two.
- Large farms accounted for 92 percent of the value of local food sales marketed exclusively through intermediated channels.
- For small and medium-sized farms with local food sales, more operators identified their primary occupation as farming and devoted more time to their farm operation than operators of similarly sized farms without local sales. Vegetable, fruit, and nut farms dominated local food sales.
- Direct-to-consumer sales of food commodities were affected by climate and topography that favor fruit and vegetable production, proximity to farmers' markets and neighboring local food farms, and access to transportation and information networks.²⁹

Collection of data on organic production is relatively new. The 2007 Census of Agriculture collected preliminary data and added an organic production survey in 2008. See Figure 17 for the initial 2007 assessment in Cook County.

Figure 17

Cook County Land Used for Organic Production

United States Department of Agriculture, 2007 Census of Agriculture



Production Recommendations:

- Assess available traditional and non-traditional land for production.
- Coordinate the multi-jurisdictional food-related regulations.
- Extend access to fresh food through alternative sources.
- Increase support for new and small- to medium-sized farms.
- Address soil contamination in both urban and rural land.
- Establish a coordinating body bringing all stakeholders to the table to advance a healthy food system.

PROCESSING

STAKEHOLDERS WEIGH IN

Public Forum Issues

Contributors did not choose to participate in a discussion group focused on processing at the community forum.

Survey Issues

- Waste elimination.
- Complexity of licensing and inspections needed for various types of food processors.
- Complexity of zoning for agribusiness.
- Lack of training and education for the food processing work force community.
- Absence of stakeholders and residents 'at the table' in the agriculture policy and rulemaking process related to processing.

If readers are struck by the irony of an agricultural state having to import 96% of its food, they might have a similar reaction to the idea that the region lacks adequate facilities for processing locally grown fruits and vegetables. The region's geographic location and transportation system made it the center of America's food chain, including becoming the hub of the food industry with the creation of the Chicago Board of Trade.³⁰

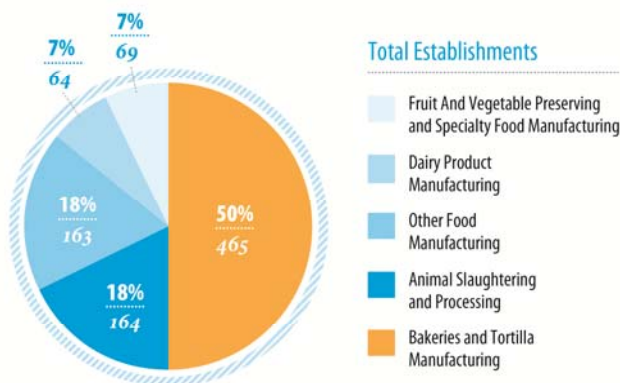
Initially, grain milling was the region's most important food activity. By 1860 Illinois was the number one producer of corn and wheat in the United States.³¹ The Union Stock Yards gave rise to a thriving meatpacking industry from

the Civil War to the 1920s.³² According to the Chicago Historical Society's *Encyclopedia of Chicago*, the wide availability of milled grains by the late 1800s gave rise to mechanized bread factories that put small kitchens and bakeries out of business. Proximity to the dairy stronghold of Wisconsin helped Chicago become home to many dairy processors.³³ The development of the confectionary industry including the production of Wrigley's gum as well as Tootsie Rolls, Tootsie Pops, Junior Mints, Cracker Jacks, Milk Duds, and Brach's Candies, provided further innovation for the food sector of a growing metropolis.³⁴ The food service industry grew to accommodate hungry workers and those needing to eat away from home.³⁵ As a result, street foods flourished and Chicago saw a rise in their famous Chicago-style hot dog. In 1955, the famed McDonald's hamburger chain opened its first franchise in Des Plaines, Illinois.³⁶ Finally, Chicago's location as a hub of land and sea distribution routes brought a diversity of people – and foods – from all over the world. Germans, Irish, Polish, Italians, African Americans, Hispanics, and Swedes arrived first, followed in rapid succession by French, Greeks, East Indians, Japanese, Koreans, Scots, and Spanish immigrants.³⁷ Today, the largest number of food manufacturing establishments in the Chicago area are bakeries and tortilla manufacturers with 465 businesses. Fruit and vegetable preserving and specialty food manufacturing is the smallest sector with only 69 reported establishments in 2009 (see Figure 18).

Figure 18

Total Establishments, Food Manufacturing, Cook County

Source: US Census Bureau, *County Business Patterns, 2009*



The Polsky Center for Entrepreneurship at the University of Chicago Booth School of Business produced a white paper titled *From Farm to Fork: Innovations in the Chicago Food Industry*.³⁸ The report identifies five key trends that are affecting innovation in the food industry today. These include a challenging economy; shifting demographics that include the Baby Boom generation and a rising Hispanic presence; health concerns including a rise in such diseases as obesity, heart disease, and diabetes; food safety and traceability of food products; and the need for sustainable practices in all aspects of the food system. Each of these issues can be addressed through the development of local food systems as they support a sustainable economy.

The concern most often expressed in the course of the research was a need for small food processing centers or commercial kitchens in which value-added product can be produced. According to the U.S. Department of Agriculture (USDA) publication *Alternative Enterprises: Value-added Agriculture*, such processing has a strong economic benefit for all players in the food system:

Adding value to agricultural production contributes to the economic and environmental sustainability of both farm and community. Adding value to an agricultural product offers farmers the opportunity to receive a bigger share of the consumer's food dollar. Value-added products can open new markets, create recognition and appreciation for the farm, and extend the marketing season. Value-added products can dramatically increase a farmer's income. Value-added agriculture is very important to any local economic development strategy. Jobs usually are created in the local community which, in turn, supports additional jobs, yielding income that is spent locally.³⁹

Unfortunately, there are a limited number of commercial kitchens available for processing fresh product. Public kitchens often used for small batch processing at a certified site include church, school, or restaurant kitchens. However, availability of these facilities and of a licensed food handler is often limited. Several USDA funding sources are targeted at increasing food processing opportunities. Those aimed at developing community facilities, value-added products, specialty crop promotion, and community food security are particularly significant.

State and local health department regulations present another challenge. State guidelines have recently been modified to support the smaller producer. The Cottage Food Bill, for example, creates new opportunities for farmers to engage in value-added processing while making it easier for aspiring entrepreneurs to start new local food businesses by selling at any of Illinois 300-plus farmers' markets.

The Cottage Food Bill (Senate Bill 840) changes Illinois' food safety laws, allowing homemade non-potentially hazardous baked goods, jams and jellies, fruit butter, dried herbs, and dried tea blends to be sold at farmers' markets, provided they are properly labeled as homemade products. Additionally, annual gross receipts from such sales must not exceed \$25,000; the "cottage food operation" must be registered; and the person preparing and selling the food must have a valid Illinois Food Service Sanitation Manager Certificate. However, state policy is subject to local interpretation, and there is a daunting lack of consistency across municipalities, challenging those who sell at several farmers' markets across the region.

Processing Recommendations:

- Build on history in food processing.
- Support the development of small, regional food processing centers or food hubs.
- Coordinate the multi-jurisdictional food-related regulations.
- Identify gaps in training and education relating to the food processing workforce.
- Establish a coordinating body bringing all stakeholders to the table to advance a healthy food system.

DISTRIBUTION

STAKEHOLDERS WEIGH IN

Public Forum Issues

- Lack of connection between smaller farmers and logistics organizations.
- Lack of staff for small producers.
- Lack of access to food produced in collar counties that is being moved to Chicago markets.
- Lack of information on warehouse and processing facilities.
- Absence of regional food hubs.
- Lack of transparency of the food distribution process.
- Lack of coordination between alternative food sources and emergency food resources.

Survey Issues

- Waste elimination.
- Impact of rising oil costs on food distribution businesses.
- Safe food distribution working conditions.
- The need for clarity in licensing and inspections to accommodate different types and sizes of food distribution businesses.
- Absence of stakeholders and residents 'at the table' in the agriculture policy and rulemaking process related to processing.

The Chicago metropolitan area (as defined by the Chicago Metropolitan Agency for Planning) is the truck and rail freight center of North America. Major distribution centers and intermodal hubs integrate trucking and rail, contributing to our economy and its strong industrial base.⁴⁰

Regional food hubs provide multiple services to small growers such as processing facilities, aggregation of crops, marketing opportunities, and educational support. The Edible Economy Project in Bloomington, Illinois is working with a diverse group of community members to realize the great economic potential of local food production, processing, and consumption. The project's long-term goal is to build a modern local food infrastructure, giving farmers access to expanded markets and consumers access to fresh, healthy local foods. As a first step, the project is creating a regional food hub in central Illinois. This food hub may be close enough to serve suburban Cook County food producers.

Another area of potential in the distribution of fresh food is the phenomenon of food trucks.⁴¹ Communities are currently looking at these mobile food providers as possible players in the greater distribution of fresh food options. That option is, of course, not without its challenges. Food trucks have come under intense scrutiny by municipal health regulation agencies and consumer protection agencies, as well as restaurant associations concerned about unfair competition. Currently, most city rules prohibit food truck operators from preparing food on site. Although licensing provisions exist for food carts on Park District land, attempts to come up with a broader ordinance have failed. The University of Chicago's Institute for Justice Clinic on Entrepreneurship has launched "My Streets My Eats", a campaign that shows citizens how to express support for mobile food vending.

Distribution Recommendations:

- Support the development of small, regional food distribution centers or food hubs.
- Coordinate the multi-jurisdictional food-related regulations.
- Research viability of small, mobile food distribution centers.
- Establish a coordinating body bringing all stakeholders to the table to advance a healthy food system.

ACCESS

STAKEHOLDERS WEIGH IN

Public Forum Issues

- Education regarding the use of public assistance aids like the Supplemental Nutrition Assistance Program (SNAP) and the Women Infant and Children (WIC) program at farmers' markets .
- Lack of clear eligibility and application information for WIC and SNAP programs.
- Lack of mobile WIC markets.
- Lack of community gardens and Community Supported Agriculture (CSA) programs for food insecure groups.
- Language barriers inhibiting the use of public assistance aids.
- Unawareness of affordable fresh food possibilities.
- Lack of instruction regarding the use of fresh food in family meal options.
- Coordination of organizations serving food insecure populations.
- Untapped food programs to address food security issues.
- Need for Farm to School initiatives that encourage schools to buy locally produced food.
- Lack of institutional procurement of local food (hospitals, prisons, etc.).

Survey Issues

- Waste elimination.
- Impact of rising oil costs on food.
- Lack of knowledge of fresh food preparation.
- Lack of healthy food options in school lunches.
- Lack of knowledge about food safety standards.

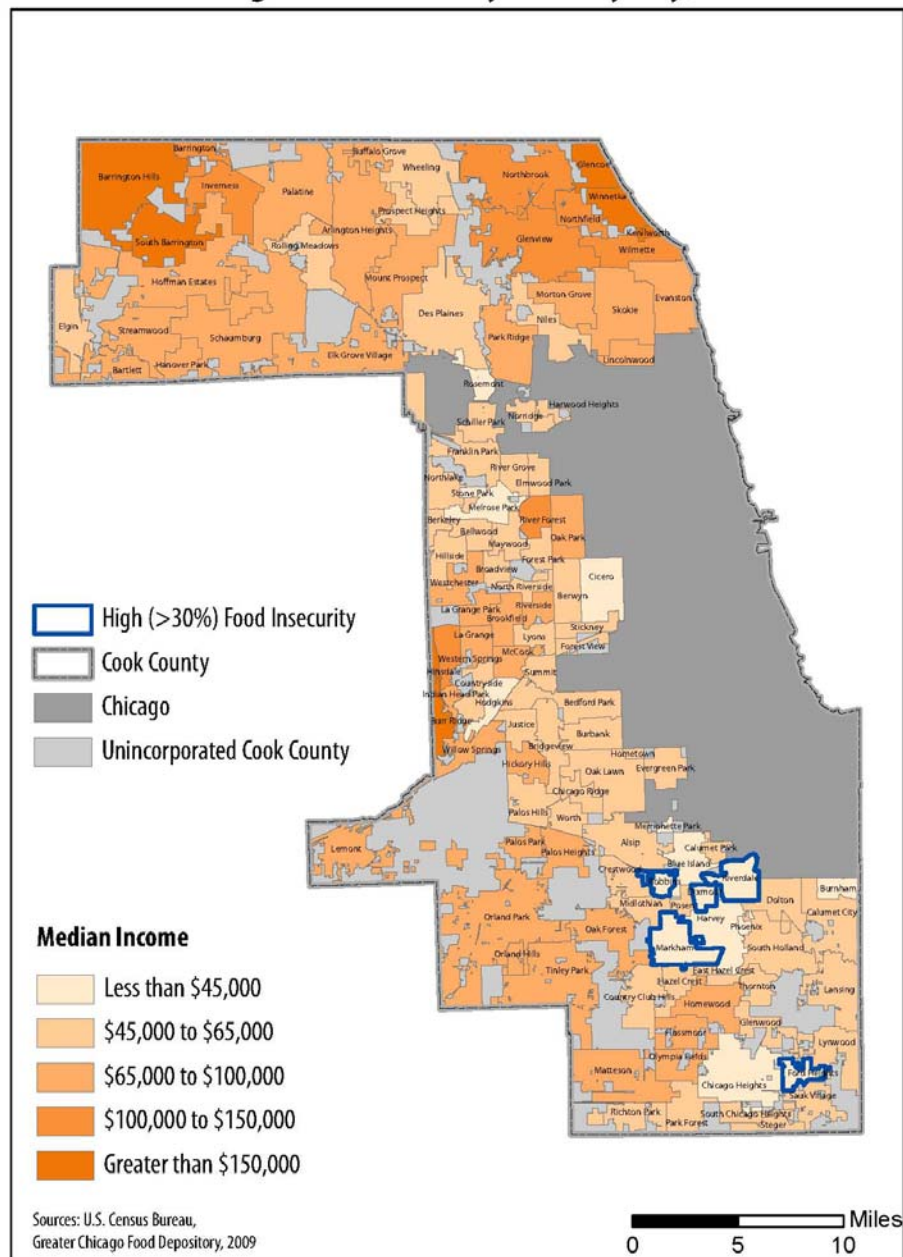
Public forum and online survey results identified food access as a social justice issue. A 2001 study by Katie S. Martin examined the relationship between food security/insecurity and social networks.⁴² This study found that social networks and participation in community life, or lack thereof, could either reduce or exacerbate the ill effects of poverty. Roger Cooley, former domestic director of Heifer International, an Arkansas-based nonprofit that works on global and U.S. food issues, suggests there is a shift away from the word *hunger*, with its implication that we simply need to distribute more food, to the terms *food security* and *community food security*.⁴³ Place does matter and affects our health. For example, people who live in communities with safe sidewalks, ample parks, good public transportation and ready access to fresh fruits and vegetables are 38 percent less likely to develop diabetes.⁴⁴

In suburban Cook County, some municipalities have less access than others. For example, poor communities have fewer supermarkets and more fast food restaurants and convenience stores. They have limited green spaces, nearby trails, recreation centers, or safe places to walk or play.

It is no surprise, then, that pockets of poverty coincide with the most food insecure populations in suburban Cook County. The following map shows this parallel.

Figure 19

Suburban Cook County Median Income and High Food Insecurity Rates by City, 2009



This situation is made all the more challenging by the lack of public transportation in the area, one of the major issues raised by participants at the public forum. While the city of Chicago has similar profiles of areas bereft of fresh food options, residents can often use public transportation to access fresh food.

In 2011, Illinois Department of Health and Human Services reported 425,107 SNAP recipients in suburban Cook County, 73% of those recipients were children (see Figure 20). According to the 2010 Illinois Link/EBT Transaction Report, only two suburban Cook County farmers' markets accept SNAP and WIC payment, Oak Park Farmers' Market and Evanston Farmers' Market (see Figure 21) leaving many thousands of SNAP recipients without the opportunity to purchase fresh foods at farmers' markets. Unfortunately, equipping all of the suburban Cook County farmers' markets with EBT machines may not solve the problem. Many of the areas with low food access are not served by farmers' markets at all (see map below).

Figure 20

Supplementary Nutrition Assistance Program Recipients

Source: Illinois Department of Health and Human Services, 2011



Figure 21

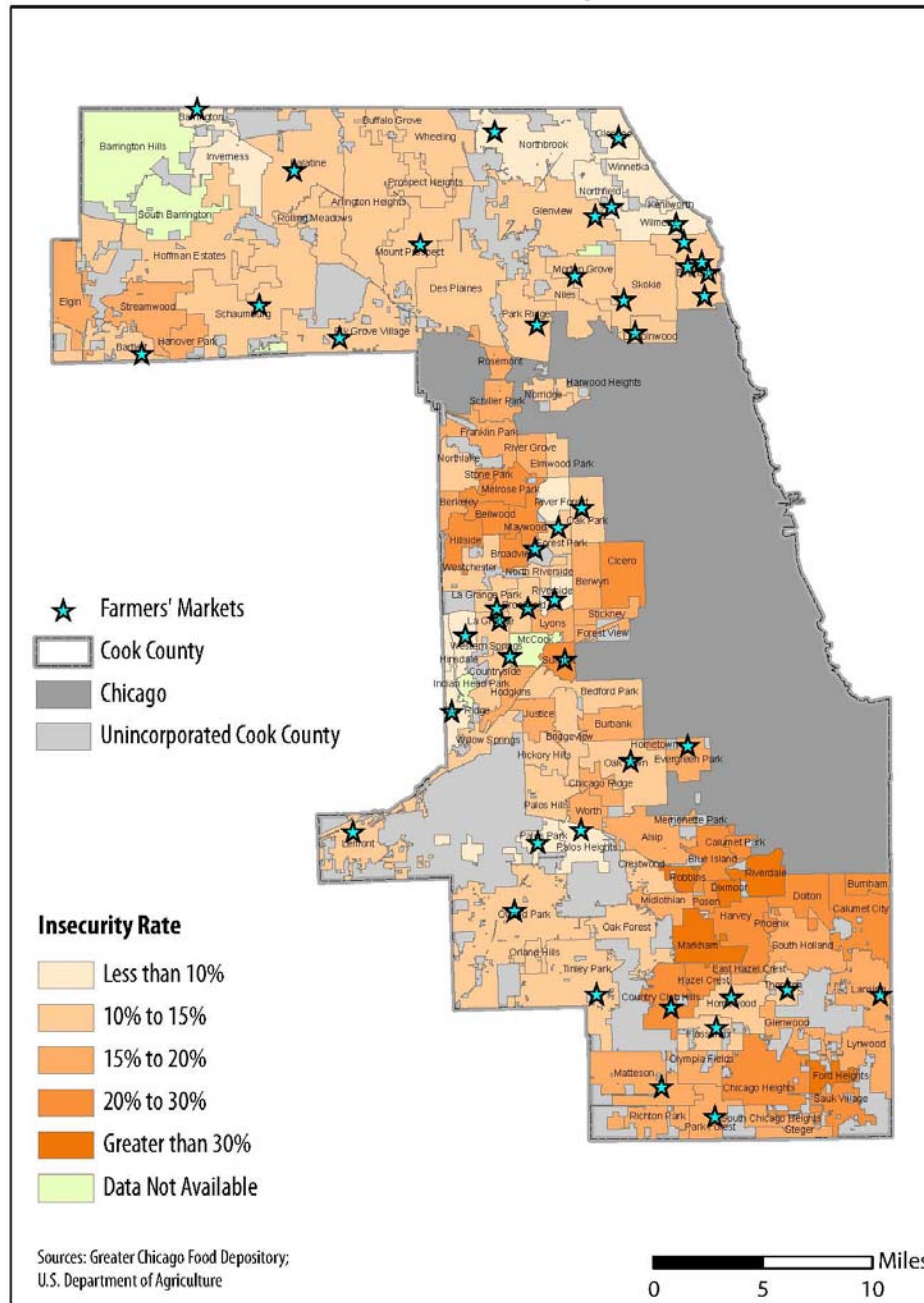
Reported Illinois Farmers Markets Offering EBT

Name of Market	Opening	Closing	Vendors
Illinois Products Farmers' Market	5/13/2010	10/21/2010	35
Urbana's Market at the Square	5/1/2010	11/6/2010	75
Oak Park Farmers' Market	5/1/2010	10/30/2010	27
Woodstock Farmers Market	5/1/2010	12/18/2010	30
Logan Square Farmers Market (Outdoor)	6/6/2010	10/31/2010	39
61st Street Farmers Market	5/15/2010	12/18/2010	17
Daley Plaza	5/13/2010	10/21/2010	35
Lincoln Square	6/8/2010	10/26/2010	25
Division Street	5/15/2010	10/30/2010	30
South Shore	6/9/2010	10/27/2010	3
Beverly	5/16/2010	10/24/2010	8
Green City Market	1/15/2010	12/23/2010	40
Green City Market	Year-round	Year-round	55
Peoria River Front Market	6/5/2010	9/25/2010	65
Downtown Bloomington Farmers' Market	5/15/2010	10/30/2010	40
Evanston Farmers' Market	5/6/2010	11/6/2010	34
Bronzeville Community Market	6/5/2010	10/30/2010	7

Source: 2010 Illinois Link/EBT Transactions Report⁴⁵

Figure 22

Suburban Cook County Food Insecurity and Farmers' Markets, 2009



Of additional concern is the fact that only 70% of Cook County families who are eligible for SNAP benefits are enrolled in the program. The 2001 Martin study echoes this phenomenon nationally. The study found a high percentage of food insecure families nationwide were not participating in food programs. In her study, 45 percent did not receive food stamps, 67 percent did not use food pantries, and 37 percent who were eligible for the WIC program did not participate in it.⁴⁶

Access Recommendations:

- Educate public on food programs supporting the food insecure.
- Increase public space for community engagement and food production (parks, community gardens, etc.).
- Coordinate the multi-jurisdictional food-related regulations.
- Establish a coordinating body bringing all stakeholders to the table to advance a healthy food system.

WASTE MANAGEMENT

STAKEHOLDERS WEIGH IN

Public Forum Issues

- Lack of institutional knowledge regarding composting and regulations that govern the practice.
- Compost site certification.
- Understanding where waste management belongs in the food system -the beginning or the end.

Survey Issues

- Local development of alternative or new food waste management technologies.
- The cost of unnecessary waste and processing.
- Shrinking landfill availability.
- Unclear safety and wages standards for waste management laborers.

Organic waste, or food scraps, account for more than one third of the waste brought to Illinois landfills. Composting food waste can greatly reduce this volume. In Cook County, the average individual produces nearly 315 pounds of compostable waste each year (see Figure 23).

Figure 23

Food Scraps Created in Cook County That Ends up in Landfills (not Returned to Farms, Gardens)

Source: Illinois Department of Commerce and Economic Opportunity, Illinois Commodity/Waste Generation and Characterization Study, 2009



There are 267 waste composting operations in the United States, and every state around Illinois licenses food waste composting facilities. Yet until the 2009 passage of Composting Bill SB99, institutions in Illinois could only compost organic waste on their own property and were forbidden from transporting it to another site. Illinois Composting Bill SB99 allows facilities to transport waste off-site for composting. Yet Illinois restaurants, grocery stores, and festivals seeking to compost food waste must incur hefty transportation expenses and create significant environmental impact to do so. Several investors are developing proposals for food waste composting facilities in Illinois. Chicago Composts, LLC has developed a business plan to pick up food waste from restaurants and sell the end product as garden-enriching compost. Food scrap pick-up businesses are emerging, including one serving residents and restaurants in northern Cook County (Collective Resource – Evanston) and a new CSA that includes food scrap pick-up along with delivery of the CSA share (Common Roots Sustainable Farm – delivering to Evanston). Other waste management issues that surfaced at the public forum included:

Waste Management Recommendations:

- Coordinate the multi-jurisdictional food-related regulations.
- Develop facilities for off-site food waste composting.
- Educate communities and institutions on composting options.

LOOKING TO THE FUTURE

Recommendations

Recommendations addressing both system-wide issues and component-specific issues are thematically grouped into three general areas.

RESOURCE ASSESSMENT

Increasing food production by utilizing available traditional and non-traditional land for production.

The issue of greatest urgency identified in this report is the need for increased production of healthy food. There is no shortage of demand. The report's most disturbing finding is the degree of inequality in access to fresh food, particularly for communities in southern suburban Cook County. These needs could be accommodated through local food production -- specifically community gardens, farmers' markets and community supported agriculture. This requires assessment of appropriate smaller and untainted parcels of land. Education for future farmers in this new area of specialty crop production must also be developed and made available. Increasing independent "corner store" options could supply additional products needed for healthy lives. Innovative avenues of funding for such initiatives need be developed.

- Assess available traditional and non-traditional land for production.
- Increase public space for community engagement and food production (parks, community gardens, etc.).
- Address soil contamination in both urban and rural land.
- Addressing finite water sources.

FOOD AS AN ECONOMIC DRIVER

Supporting the development of food-related businesses that increase fresh access and develop sustainable economies for low-income communities.

One of the most exciting outcomes reported by regions with well-developed food systems is the opportunity for food-related businesses to not only increase fresh food access, but also develop sustainable economies. This is particularly true for minority communities with low access to food and few minority-owned businesses.

These communities present untapped markets, and community based development organizations could pave the way forward in this initiative. Community based development organizations or CBDOs are nonprofit developers who work to revitalize communities affected by economic downturn, including creation of new commercial space.⁴⁷

A significant challenge is convincing businesses to locate in underserved areas. Successfully addressing this issue will require a coordinated effort to help communities better identify their own assets and “sell” themselves to funders and businesses. In addition, communities must focus on developing small- and medium-sized businesses that not only serve residents but also generate local income. Creative investment that develops organically from within a community provides low-income residents with increased connection to social networks – a proven antidote to food insecurity.⁴⁸

Business Development

- Build on history in food processing.
- Increase support for new and small to medium sized farms.
- Support the development of small, regional food processing centers or food hubs.
- Support the development of small, regional food distribution centers or food hubs.

Alternative Access Point

- Extend access to fresh food through alternative sources.
- Research viability of small, mobile food distribution centers.
- Develop facilities for off-site food waste composting.

COORDINATION AND EDUCATION

Increasing transparency of local food systems to facilitate regional collaboration.

This report identifies unique challenges presented in suburban Cook County such as numerous municipal regulatory codes and large inequalities in food access. Challenges highlighted throughout the report are issues of long standing that demand an organized and coordinated response. A Cook County food policy council could provide the coordination necessary to address these complex issues. This snapshot will allow for more informed policy decisions to be made within the larger context of Cook County.

- Establish a coordinating body bringing all stakeholders “to the table” to advance a healthy food system.
- Coordinate the multi-jurisdictional food-related regulations.
- Educate public on food programs supporting the food insecure.
- Educate public on food preparation and nutrition.
- Educate communities and institutions on composting options.
- Identify gaps in training, education, and equity relating to the food system workforce.
- Identify alternative funding sources for regional food system planning.

What Is a Food Policy Council?

According to the 2009 report, *Food Policy Councils: Lessons Learned*, food policy councils act both as forums for food issues and platforms for coordinated action.⁴⁹ Typically, food policy councils have representation from the entire food system, including representatives from food security and food advocacy organizations. The primary roles of a food policy council are to educate policy makers on important food system issues and priorities impacting stakeholders and to provide concrete civic engagement opportunities. Ideally, the resulting decisions from the policy makers will provide forward movement of the food policy council’s mission.

The report also highlighted four possible functions of a food policy council:

- To serve as forums for discussing food issues.
- To foster coordination between sectors in the food system.
- To evaluate and influence policy.
- To launch or support programs and services that address local needs.

Food policy expert Mark Winne suggests that in order to transform a food system into one that provides individual, community, and environmental health, the *projects, partners, and policies* potentially impacting the system must first be considered.

- Projects are singular activities that social justice and local food system advocates pursue, such as farmers' markets, food banks, and improving delivery of food assistance programs.
- Partners are the nexus of relationships and the wellspring of social capital that we draw from to accomplish our work in today's complex world.
- Policy "makes the right prevalent," allowing organizers to move in the same direction at the same time.⁵⁰ Policy opens the doors to possibility.

Winne makes the point that the potential for promoting food security, local food systems, and economic justice lies at the local and state levels because this is the arena in which people and small, local organizations participate. Further, low-income families are more likely to be food *secure* if their connection to local social networks is high.⁵¹ Therefore, the shift to a community food security framework, looking at existing projects and partners and identifying gaps within, would be helpful. Food security would be more successful if driven by a coordinated effort to identify the unique needs of a community and the partners and projects that would yield the greatest impact. See Appendix A for a list of illustrative policies, partners and projects at the federal, state and local levels.

Why Establish a Food Policy Council?

A number of suburban Cook County residents, in particular those living in the south and southwest regions, lack ready access to healthy food.⁵² The establishment of a Cook County food policy council would be the first step in coordinating and promoting healthy food access for all Cook County residents. Food policy councils develop and strengthen relationships between government, non-profit, private organizations, businesses, and residents. Cook County government is uniquely positioned to lead this effort to ensure all residents have access to healthy food. Food systems are not defined by jurisdiction and any effort to address food system issues in suburban Cook County must also consider and coordinate with Chicago and the broader region.

The food economy is at the core of survival in any community. Above all else, the purpose of this food policy council would be to develop a sustainable system of food security that allows citizens to eat healthy local fare and find work with dignity within their communities.

CONCLUSION

The Suburban Cook County Food System Steering Committee established from the outset a commitment to develop a healthy food system that embraces the principles of health promotion, sustainability, resiliency, diversity, fairness, economic balance, and transparency. Addressing the issues of social inequity as they exist in food security is both a major focus and the major challenge associated with this project. Suburban Cook County is an area of both great wealth and great poverty, where services to underserved communities remain uncoordinated. These are issues of long standing in which a food policy council could play a leading role.

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APPENDIX A

Prepared by Debbie Hillman

Prepared for the Cook County Food System Steering Committee Report

HEALTHY, FAIR, AND SUSTAINABLE FOOD SYSTEMS: Successful Local Food Policies, Projects, and Partners February 2012

CURRENT POLICY FRAMEWORK FOR LOCAL FOOD SYSTEMS APPLICABLE IN COOK COUNTY

FEDERAL

1. KNOW YOUR FARMER, KNOW YOUR FOOD (USDA)

Not a separate law or policy, but a coordinating framework adopted by the USDA. Here is the description from the KYF, KYF homepage.

http://www.usda.gov/wps/portal/usda/usdahome?navid=KYF_MISSION

Know Your Farmer, Know Your Food (KYF2) is a USDA-wide effort to carry out President Obama's commitment to strengthening local and regional food systems.

We know that demand for local and regional foods is strong, as consumers across the country are looking to connect with their food and the people who grow and raise it:

- The number of [farmers markets](#) has more than tripled in the past 15 years and there are now more than 7,175 around the country;
- In 1986 there were two [community supported agriculture](#) operations, today there are over 4,000;
- There are [farm to school](#) programs in 48 states, totaling more than 2,200 and up from two in 1996;
- All 50 states in the U.S. have agricultural branding programs, such as "Jersey Fresh" or "Simply Kansas;"
- As Governor of Iowa, Tom Vilsack started one of the first food policy councils. Today there are over 100 [food policy councils](#);
- And the National Restaurant Association declared "locally sourced meats and seafood" and "locally grown produce" as the [top two trends for 2011](#).

Local and regional markets often provide farmers with a higher share of the [food dollar](#), and money spent at a local business often continues to circulate within community, creating a multiplier effect and providing greater economic benefits to the area.

An Economic Research Service Study ([May 2010](#)) identified barriers to local food market entry and expansion, including capacity constraints for farms, a lack of infrastructure for moving local food into mainstream markets, and regulatory uncertainties. This is the work of the Initiative.

Our mission is to strengthen the critical connection between farmers and consumers and supports local and regional food systems. Through this initiative, USDA integrates programs and policies that:

- Stimulate food- and agriculturally-based community economic development;
- Foster new opportunities for farmers and ranchers;
- Promote locally and regionally produced and processed foods;
- Cultivate healthy eating habits and educated, empowered consumers;
- Expand access to affordable fresh and local food; and
- Demonstrate the connection between food, agriculture, community and the environment.

Know Your Farmer, Know Your Food also leads a national conversation about food and agriculture to strengthen the connection between consumers and farmers.

Thanks to the 2008 [Farm Bill](#), there is more support for local and regional agriculture than ever. To make the most of our programs we are working to foster innovative, effective, and open government. While there is no office, staff, or budget dedicated to KYF2, Deputy Secretary Kathleen Merrigan chairs a task force of USDA employees representing every agency within the Department in order to break down bureaucratic silos, develop common-sense solutions for communities and farmers, and foster new partnerships inside USDA and across the country.

2. **LOCAL FARMS, FOOD, AND JOBS ACT S. 1773 AND H.R. 3286**

This bill is currently in the pipeline in Congress. Currently, there are only two Illinois co-sponsors (Jan Schakowsky - 9th district and Daniel Lipinski - 3rd district). Here is the summary as taken from the National Sustainable Agriculture Coalition website: <http://sustainableagriculture.net/our-work/local-food-bill/>

Sponsored by Representative Chellie Pingree (Maine) and Senator Sherrod Brown (Ohio)

The Local Farms, Food, and Jobs Act will improve federal farm bill programs that support local and regional farm and food systems. This legislation will help farmers and ranchers engaged in local and regional agriculture by addressing production, aggregation, processing, marketing, and distribution needs and will also assist consumers by improving access to healthy food and direct and retail markets. And of utmost importance, this legislation will provide more secure funding for critically important programs that support family farms, expand new farming opportunities, and invest in the local agriculture economy.

STATE OF ILLINOIS

Local Food legislation passed in 2009, 2010, 2011, 2012

96th General Assembly (2009-2010)

1. **ILLINOIS FOOD, FARMS, AND JOBS ACT**

HB3990 Public Act 96-579 Rep. Julie Hamos

Commissions the **Illinois Local Food, Farms, and Jobs Council** to facilitate development of an Illinois-based food and farm economy, whereby Illinois farmers grow diverse foods and other farm products for Illinois consumers.

Goals are based on report commissioned in 2007: ***Local Food, Farms, and Jobs: Growing the Illinois Economy*** (2009, 48 pages). www.foodfarmsjobs.org

Sets forth procurement goals for state agencies and state-funded institutions. Authorizes the development of a labeling and certification program, whereby a label may be placed on local farm and food products that are grown, processed, packaged, and distributed by Illinois citizens or businesses located wholly within the borders of Illinois.

2. **FARM FRESH SCHOOLS PROGRAM**

HB78 Public Act 96-0153 Rep. Sandy Cole

Creates the Farm Fresh Schools Program Act. Provides that the Department of Agriculture, in cooperation with the State Board of Education and the Department of Public Health, shall create the Farm Fresh Schools Program.

Provides that the intent of the Program is to reduce obesity and improve nutrition and public health, as well as strengthen local agricultural economies by increasing access to and promoting the consumption of locally grown fruits and vegetables in schools and increasing physical activities and programs that promote pupil wellness.

Provides that the Department of Agriculture and the State Board of Education shall jointly administer a process to review grant proposals and award grants on a competitive basis to eligible applicants to implement the Program.

Creates the Farm Fresh Schools Program Fund as a special fund in the State treasury.

3. **ILLINOIS FRESH FOOD FUND (DCEO Capital Bill)**

SB1221 Public Act 96-0039 Sen. Trotter

The Fresh Food Fund was established in the 2009 Illinois Jobs Now! capital bill to incentivize and facilitate the creation of grocery stores in urban communities statewide.

4. OBESITY PREVENTION INITIATIVE

HB3767 Public Act 96-0155 Rep. Coulson

Provides that the Department of Public Health shall organize hearings on the health effects and costs of obesity and the need to address the obesity epidemic. Provides that the hearing officers shall provide a report on the hearings. Provides that the Department shall grant funds to one or more non-profit organizations or local public health departments to conduct a statewide education campaign

5. EPA COMPOSTING FACILITIES

SB99 Public Act 96-0418 Sen. Steans

Amends the Environmental Protection Act. Redefines the term "compost", "compostable material", and "food scrap" to enable commercial food scrap composting. Exempts certain types of facilities, sites, portions of facilities, and portions of sites from regulation as pollution control facilities.

6. FARMERS MARKET TECHNOLOGY IMPROVEMENT PROGRAM

HB4756 Public Act 96-1088 Rep. LaShawn Ford

Creates the Farmers' Market Technology Improvement Program Act. Provides that out of funds appropriated to the Department of Human Services for the LINK program, the Department, in cooperation with the Illinois Department of Agriculture, shall use whatever monies are necessary to implement the Farmers' Market Technology Improvement Program to assist nontraditional fresh food markets, such as farmers' markets, Green Carts, market boxes, farm stands and mobile farm stands, produce stands, and other open-air markets, to develop the capability to accept wireless electronic payment cards, including electronic benefits transfer cards or LINK cards, and maintain the equipment usage. Provides that the purpose of the program is to increase access to fresh fruits and vegetables and other LINK eligible food products, including quality meat and dairy, for all Illinois residents by allowing LINK program participants to redeem their SNAP benefits at nontraditional fresh food markets.

7. CHEMICAL DRIFT SPECIALTY CROP FARM REGISTRY

SJR105 Adopted Sen. David Koehler

Creates voluntary GIS website registry for organic and specialty crop farms. Purpose is to help conventional farmers and chemical applicators avoid damaging sensitive crops.

8. FARM-TO-SCHOOL DATABASE (Local Food, Farms, and Jobs Act)

SB615 Public Act 96-1095 Sen. Linda Holmes

Creates a farm-to-school database to facilitate connection between farmers and schools. To be developed jointly by Department of Agriculture and Local Food, Farms, and Jobs Council.

9. PUBLIC HEALTH - HONEY EXEMPT

SB2959 Public Act 96-1028 Sen. David Luechtefeld

Amends the Illinois Food, Drug and Cosmetic Act and the Criminal Code of 1961 to include in the definition of "raw agricultural commodity", honey that is in the comb or that is removed from the comb and in an unadulterated condition. Further amends the Illinois Food, Drug and Cosmetic Act to provide that notwithstanding any other provision of the Act, the Department of Public Health may not regulate honey that is in the comb or that is removed from the comb and in an unadulterated condition. Provides that both forms of honey are exempt from the provisions of the Act.

97th General Assembly (2011-2012)

1. FARMERS MARKET TASK FORCE

SB1852 Public Act 97-0394 Sen. David Luechtefeld

Creates a task force to review the rules and laws defining what products can be sold at farmers' markets, as well as sanitation and food preparation requirements. The 24- member task force will then assist the Illinois Department of Public Health (IDPH) in developing and implementing administrative rules ensuring consistent statewide farmers' market regulations.

2. FOOD HANDLING-COTTAGE FOOD

SB840 Public Act 97-0393 Sen. David Koehler

Allows homemade foods like jams, cookies and cakes to be sold at farmers' markets. Cottage food vendors must meet the following conditions for their products to be sold at Illinois' farmers' markets:

3. LIQUOR CRAFT BREWER DISTRIBUTOR

SB754 Public Act 97-0005 Sen. Donne Trotter

Amends the Liquor Control Act of 1934. Provides that a brew pub licensee may simultaneously hold a craft brewer license. Defines "craft brewer".

4. DCEO STRATEGIC PLAN AGRITOURISM

HB3244 Public Act 97-0392 Rep. Kay Hatcher

Allows the Department of Commerce and Economic Opportunity (DCEO) to develop and implement a statewide strategic plan to increase agricultural tourism.

5. SENATE RESOLUTION

SR0530 Adopted Feb. 9,2012 Sen. D. Koehler

Urges Congress to adopt a farm bill that supports and promotes the development of local and regional food systems.

Legislators in Cook County who Support local foods

All Cook County state legislators in office in 2007 and 2009 voted for the Illinois Food, Farms, and Jobs Acts (both bills were unanimously passed except for one southern Illinois Senator in 2009).

Cook County legislators who have been leaders in local foods include:

Cong. Bobby Rush

Cong. Jan Schakowsky

State Sen. John Cullerton

State Sen. Jacqueline Collins

State Sen. Heather Steans

State Sen. Don Harmon

State Sen. Toi Hutchison

State Rep. LaShawn Ford

Former State Rep. Julie Hamos (now Director of Illinois Healthcare and Family Services)

ILLINOIS COMMUNITY COLLEGES

ILLINOIS GREEN ECONOMY NETWORK (IGEN): *The Role of Community Colleges in Developing the Illinois Local Food System*

(2011, 28 pages) Report of the IGEN Local Food Task Force. www.igencc.org

REGIONAL (MULTI-COUNTY)

CMAP GO TO 2040 PLAN

"Promote Sustainable Local Food" (2010, 18 pages), one of 12 major recommendations by the Chicago Metropolitan Agency for Planning. CMAP currently working on model ordinances, data collection, etc.

COUNTY

COOK COUNTY FOOD SYSTEM STEERING COMMITTEE

Writing a snapshot assessment of the Cook County food system and proposing a Cook County food council. Report and ordinance to be completed by March 2012. (Lara Jaskiewicz, Project Manager, under a CDC grant to the Cook County Department of Public Health under the Communities Putting Prevention to Work initiative).

MUNICIPAL AND SCHOOL

There are numerous initiatives that fall under "local food systems" heading. Policies might cover:

- community gardens on public land or unused non-profit land
- backyard (residential) livestock (chicken, duck, bee, rabbit, etc.)
- school gardens
- farm-to-school curricula
- farmers markets and farmstands
- food scrap composting (home and commercial)
- home-based businesses of all kinds (production, processing, cooking)
- agricultural zoning (especially as it relates to small acreage)
- covenants in homeowners associations

MAJOR PARTNERS FOR LOCAL FOOD SYSTEMS

EXAMPLES OF FOOD POLICY COUNCILS IN ILLINOIS AT ALL GOVERNMENT LEVELS (IMPLEMENTED OR PROPOSED)

1. **ILLINOIS LOCAL FOOD, FARMS, & JOBS COUNCIL**
State body charged with implementing Illinois Food, Farms, and Jobs Act. First meeting was in March 2010.
www.foodfarmsjobs.org
2. **CMAP'S GO TO 2040 PLAN**
Recommends the creation of a regional food policy council.
3. **COOK COUNTY FOOD SYSTEM STEERING COMMITTEE**
An ad hoc committee formed under the CCDPH CPPW grant to (1) write an assessment of the suburban Cook County food system. and (2) draft an ordinance to create a county-wide food policy council as the primary solution to ameliorate problems identified in the assessment. Lara Jaskiewicz Lara.Jaskiewicz@phimc.org
708/708-524-5156
4. **KNOX COUNTY FOOD DEVELOPMENT COUNCIL**
Created in 2010. <http://www.knoxfood.org/>
5. **LAKE COUNTY BOARD**
has been investigating the creation of a food policy council since 2009.

6. **DEPT. OF PLANNING AND DEVELOPMENT**

(Agricultural Conservation Easement Farmland Protection Committee) has been planning an assessment and the creation of a food policy council since January 2011.

7. **CHICAGO FOOD POLICY ADVISORY COUNCIL**

An independent hybrid entity that includes a number of city departments on the Steering Committee. Developing neighborhood food councils. Founded in 2005. <http://www.chicagofoodpolicy.org/>

8. **EVANSTON FOOD COUNCIL**

Policy, community-food projects, networking. Founded in 2005. Contact: Debbie Hillman
DLHillman@sbcglobal.net 847/328-7175.

9. **GLENVIEW**

A grassroots group led by the Farmers Market manager is in the early planning stages.

OTHER FOOD SYSTEM GROUPS IN ILLINOIS THAT COVER COOK COUNTY

Government-sponsored or connected

1. **ILLINOIS INTERAGENCY NUTRITION COUNCIL**

Promotes health and wellness through nutrition education, coordination of services and access to nutrition programs so that Illinois residents can achieve food security. <http://inc.aces.illinois.edu/>

2. **ILLINOIS GREEN ECONOMY NETWORK (IGEN) Local Foods Task Force.** Illinois Community Colleges:

<http://www.igence.org/workgroups/local-foods>

3. **CENTER FOR EXCELLENCE IN ELIMINATION OF DISPARITIES, UIC**

Food Equity Policy Committee. Projects, research, and policy to increase local food production.
www.CEEDChicago.org CDC-funded.

4. **COOK COUNTY FOOD SYSTEM STEERING COMMITTEE**

An ad hoc committee formed to (1) influence the creation of a county food policy council, and (2) to write a strategic plan for the food policy council. Lara Jaskiewicz Lara.Jaskiewicz@phimc.org 708/708-524-5156

5. **ADVOCATES FOR URBAN AGRICULTURE**

A broad-based grassroots coalition including a number of City of Chicago representatives (DOE, DZLU). Includes Chicago-area members, but works primarily within City of Chicago limits so far. Actively working on City of Chicago urban agriculture zoning ordinance. <http://auachicago.org/>

6. **GOOD GREENS, USDA FOOD & NUTRITION SERVICE** An informal sharing and collaborating network for

Ohio, Michigan, Minnesota, Wisconsin, Indiana, and Illinois. Facilitated by Alan Shannon, Public Affairs Director - Midwest Office. www.goodgreens.org/

Grassroots, non-profit, academic

1. **ILLINOIS STEWARDSHIP ALLIANCE**

Promotes establishment of sustainable local food systems and facilitates creation of food policy councils.
www.ilstewards.org/

2. **ILLINOIS FARMERS MARKETS NETWORK**

Grassroots organizing of a statewide network to support farmers market and market managers. Annual forums.
Contact: Pat Stieren 217-522-4274 pstieren31@comcast.net

3. **ILLINOIS PUBLIC HEALTH ASSOCIATION** - Food and Nutrition Section. Connects public health departments with food access and food security issues and policies. Jim Bloyd, Chairperson. www.ipha.com/
4. **THE LAND CONNECTION**
Education, farmer training programs, local producers-consumers connection. <http://www.thelandconnection.org/>
5. **NORTHWESTERN UNIVERSITY SUSTAINABLE FOOD TALKS**
A faculty-staff clearinghouse organization for all NU food people and projects (students, faculty, staff, community) to strengthen sustainable food systems network, knowledge base, and find ways together to maximize outreach. <http://www.nusustainablefoodtalks.blogspot.com/>
6. **ENVIRONMENT AGRICULTURE AND FOOD WORKING GROUP**
University of Chicago. Program on the Global Environment. <http://eaf.uchicago.edu/>
7. **CHICAGO AREA FOOD STUDIES WORKING GROUP**
University of Illinois-Chicago. Institute for the Humanities. www.uic.edu/depts/huminst/food_grp.shtml
8. **MIDWEST FARM CONNECTION**
A Project of The Land Connection to Connect Aspiring Farmers with Retiring Farmers. www.midwestfarmconnection.org/

SUBURBAN COOK COUNTY LOCAL FOOD SYSTEM PROJECTS

1. **CHICAGO'S COMMUNITY KITCHENS**
Since its inception in 1998, Chicago's Community Kitchens has been providing foodservice job training to unemployed and underemployed adults in Cook County who have a passion for "life in the kitchen" and a will to achieve entry-level employment in the foodservice industry. Students create nearly 2,000 meals a day that are delivered to Food Depository Kids Cafes, providing nourishing meals to hungry children after school, older adults who need food assistance and older adult meal programs.
2. **FRESH MOVES**
Fresh Moves is a mobile food bus delivering affordable, healthy food to struggling communities, block by block. Fresh Moves' mission is to address the social issues that arise in communities where the food selection is abysmal. Fresh Moves secured a bus, donated from the CTA and partnered with Architecture for Humanity to transform the bus into a mobile produce market.
3. **GREEN YOUTH FARM**
Green Youth Farm is a program through the Chicago Botanic Garden that serves up to 70 public school students annually at four sites. Participants operate a small urban farm from which they donate fresh produce to food pantries; demonstrate healthy food preparation at centers for Women, Infants and Children (WIC); and sell fresh, affordable produce in underserved communities (including sales to low-income clients who are able to pay using the Link card and WIC and senior coupons). In 2011, Green Youth Farm participants harvested over 17,000 pounds of fruits and vegetables, generating nearly \$26,000 in revenue, while donating over 2,300 pounds to charities.
4. **ORGANIC PANTRY PROJECT (TOPP)**
TOPP is a 501(c)(3) non-profit corporation dedicated to providing local, organic produce to area food pantries by building and supporting community gardens and educating people about organic vegetable gardening. In 2010, TOPP built community gardens at Pleasant Ridge School and Glenview Community Church, with the help of over 75 adults and kids in the community.

5. WINDY CITY HARVEST

Windy City Harvest is a collaboration between the Chicago Botanic Garden and Richard J. Daley College at the Arturo Velasquez Institute campus to educate and place underemployed young adults in urban agriculture enterprises. In 2011, Windy City Harvest production operations harvested 26,370 pounds of organic method produce, with \$34,547 in sales. To date, forty-one students have graduated from the program.

APPENDIX B

Seminal Reports

BUILDING CHICAGO'S FOOD SYSTEM (2008)

Chicago's Food Policy Advisory Council

This document introduces readers to the larger issues of the food system and suggests ways to participate in its development. Examples of food policy council in other cities is included.

www.chicagofoodpolicy.org/2008%20CFPAC%20Report.pdf

FARM TO FORK: INNOVATIONS IN THE CHICAGO FOOD INDUSTRY (2010)

Polsky Center for Entrepreneurship at the University of Chicago Booth School of business and the Chicago Entrepreneurial Center (CEC)

This paper reflects key points made at a conference by the same name. The conference brought together industry leaders, entrepreneurs, investors, growers, researchers, government officials, faculty and students to discuss the challenges and opportunities to advance the region's leadership and growth in the food industry. Included is a history of the region's participation in this sector as well as suggestions for future strategies in this area.

www.chicagobooth.edu/entrepreneurship/docs/Farm-to-Fork.pdf

FEEDING OURSELVES: STRATEGIES FOR A NEW ILLINOIS FOOD SYSTEM (2004)

Red Tomato

Sponsored by four foundations, the Chicago community trust and the Chicago Department of Planning and Development, this report makes recommendations on how to accelerate the growth of sustainable agriculture in Illinois.

<http://www.redtomato.org/PDF/ILReport.pdf>

GO TO 2040 (2010)

Chicago Metropolitan Agency for Planning

This comprehensive strategic plan for the Chicago Metropolitan region includes a section for recommendations on how to strengthen local food systems by facilitating sustainable local food production.

www.cmap.illinois.gov/moving-forward/local-food-systems

ILLINOIS FOOD, FARMS, AND JOBS REPORT (2010)

Illinois Food, Farms, and Jobs Council

This report discusses issues that need to be addressed as we ramp up our local food systems in Illinois.

www.agr.state.il.us/newsrels/taskforcereport-outside.pdf

THE ROLE OF COMMUNITY COLLEGES IN DEVELOPING THE ILLINOIS LOCAL FOOD SYSTEM (2011)

Illinois Green Economy Network (IGEN) Local Food Task Force

This report discusses opportunities for community colleges to support local food economies on campus and in their communities. Included in the report are examples of exemplary programs and curriculum resources.

<http://www.llcc.edu/LinkClick.aspx?fileticket=8oWzzseR6r8%3D&tabid=6628>

APPENDIX C

Public Input Survey

Cook County Food System Survey

We would like to get your input on the laws, rules, ordinances, regulations and government programs that have an impact on the food system in Cook County, IL. This includes activities such as buying or renting land for growing crops, selling and eating food, and what happens with food-related waste products. Currently, these actions may be regulated by a variety of agencies and supported by different programs, which may not be connected to each other.

We'd like to learn about what food system issues you experience through your work and personal life. The information you provide will be used to develop guidance for a proposed food policy council.

This survey should take about 20 minutes to complete and will close on September 29, 2011. We are particularly interested in responses from people who live or work in Cook County, IL. Feel free to share the link to this survey with others who live or work in Cook County, IL. When you submit your survey you will have the option to sign up to receive a summary report of the final recommendations, and notification of when the suburban Cook County food system assessment report becomes available.

This survey is a project of the suburban Cook County Communities Putting Prevention to Work project, a joint initiative of the Cook County Department of Public Health and the Public Health Institute of Metropolitan Chicago. The survey was developed by members of the suburban Cook County Food System Steering Committee.

***1. How are you involved with the food system? Check all that apply:**

- ☐ Consumer/eating food
- ☐ Growing or raising food for human consumption
- ☐ Processing food
- ☐ Commercial or wholesale distribution or transportation of food
- ☐ Retail food sales, including grocery and food service
- ☐ Emergency food distribution, including pantries, soup kitchens, shelters, and other service agencies
- ☐ Waste disposal/recycling
- ☐ Research on food system activities
- ☐ Advocating on food system issues
- ☐ Policy making around food
- ☐ Education (teaching or student) about food and food systems
- ☐ Other (please specify)

Cook County Food System Survey

Food Production

Food production includes activities related to growing or raising food for human consumption. This includes activities such as land acquisition, ground preparation, licensing/certification, planting, and harvesting.

2. Please state whether you agree or disagree with the following food production statements.

	Agree	Disagree	Don't know/Not sure	No comment
Federal agriculture policy supports the growing and raising of the foods we need for a healthy nation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has clear rules for farming and gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about the negative environmental impacts of farming methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farm labor wages are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The process to obtain food certifications, such as organic, is clear and reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing food safety standards is cost prohibitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety standards for farming, ranching and other food production need to be strengthened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily find out which licenses or inspections I need for food production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food production licenses and inspections accommodate different types and sizes of businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agricultural and post-harvest workers need additional training and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic development programs support locally-owned businesses as well as large national and multinational businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about farm land being purchased by other countries or non-U.S. organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agricultural working conditions are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community stakeholders and residents are 'at the table' in the agriculture policy- and rule-making process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food production can minimize waste through composting and other processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please use the space below to describe any government policies, rules or programs relating to food production in Cook County that concern you.

Cook County Food System Survey

Food Processing

Processing food involves taking ingredients to prepare raw products for sale or to make more finished products; minimal post harvest best practices (such as packaging fruit for market) or value added processing (such as milling flour or making ice cream).

4. Please state whether you agree or disagree with the following food processing statements.

	Agree	Disagree	Don't know/Not sure	No comment
Federal agriculture policy reduces the costs of foods purchased by processors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has zones where agribusiness is allowed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety standards are cost prohibitive to implement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety standards for food processing businesses need to be strengthened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook County has sufficient infrastructure to support food processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation costs for foods are too high-- Agree, Disagree, Don't know/Unsure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food labeling standards are cost prohibitive to implement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food processing worker wages are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is clear which licenses and inspections are needed for different food processors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current food processing licenses and inspections accommodate different types and sizes of businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education is needed for the food processing work force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic development programs support locally-owned food processing businesses as well as large national and multinational businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food processing working conditions are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community stakeholders and residents are 'at the table' in the food processing policy- and rule-making process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food processing can minimize waste through composting and other processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please use the space below to describe any government policies, rules or programs relating to food processing in Cook County that concern you.

Cook County Food System Survey

Commercial and Wholesale Food Distribution

6. Please state whether you agree or disagree with the following food distribution statements.

	Agree	Disagree	Don't know/Not sure	No comment
Food safety standards are cost prohibitive for food distributors to implement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety standards for food distributors need to be strengthened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook County has sufficient infrastructure to support food distribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent oil prices have had a negative impact on food distribution businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food distribution worker wages are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is clear which licenses and inspections are needed for different food distributors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current food processing licenses and inspections accommodate different types and sizes of food distribution businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education is needed for the food distribution work force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic development programs support locally-owned businesses as well as large national and multinational businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food distribution working conditions are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community stakeholders and residents are 'at the table' in the food distribution policy- and rule-making process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food distribution can minimize waste through composting and other processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please use the space below to describe any government policies, rules or programs relating to food distribution in Cook County that concern you.

Cook County Food System Survey

Retail Food

Retail food businesses include stores that sell food, restaurants, caterers, public and private cafeterias, farmers' markets, and mobile food vendors.

8. Please state whether you agree or disagree with the following retail food statements.

	Agree	Disagree	Don't know/Not sure	No comment
Food safety standards are cost prohibitive for retailers to implement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety standards for retailers need to be strengthened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food transportation costs limit the ability of businesses to sell foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food costs make it hard to be profitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retail and restaurant worker wages are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is clear which licenses and inspections are needed for stores, restaurants, and other food retailers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current retail food licenses and inspections accommodate different types and sizes of businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education is needed for the retail food work force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School lunch programs support health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stores selling healthy food are in every community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is economic development support for local retail food businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is economic development support for chain retail food businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The retail food workforce needs training and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retail food working conditions are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community stakeholders and residents are 'at the table' in the retail food policy- and rule-making process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retail food businesses can minimize waste through composting and other processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please use the space below to describe any government policies, rules or programs relating to retail food in Cook County that concern you.

Cook County Food System Survey

Food Assistance and Emergency Food Programs

Food assistance and emergency food organizations distribute and serve food to those who face hunger or are having difficulty getting food on their own. These include food pantries, soup kitchens, and communal meal providers, among other programs.

10. Please state whether you agree or disagree with the following food assistance or emergency food statements.

	Agree	Disagree	Don't know/Not sure	No comment
Food safety standards are cost prohibitive for food assistant programs to implement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety standards for food assistance programs need to be strengthened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased transportation costs have reduced the amount of foods available for those who need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food costs prevent food assistance programs from providing the foods their clients need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency food system worker wages are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is clear which licenses and inspections are needed for food assistance programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current food assistance program licenses and inspections accommodate different types and sizes of businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education is needed for the food assistance work force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal nutrition and meal programs support healthy nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients of emergency food programs have good access to stores that sell healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food assistance working conditions are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community stakeholders and residents are 'at the table' in the food assistance policy- and rule-making process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food assistance programs can minimize waste through composting and other processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please use the space below to describe any government policies, rules or programs relating to food assistance programs in Cook County that concern you.

Cook County Food System Survey

Food Access and Consumption

This section asks about your individual ability to access the foods you need to be healthy.

12. Please state whether you agree or disagree with the following food access statements.

	Agree	Disagree	Don't know/Not sure	No comment
Food safety standards need to be strengthened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil prices have raised food prices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School lunch programs support healthy eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live near a store that sell healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People would eat more healthy foods if they knew how to prepare them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior center meals are healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy foods cost too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble affording the foods prescribed for a health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble finding the foods prescribed for a health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food pantries and soup kitchens provide healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community stakeholders and residents are 'at the table' in the food access decision making process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents can minimize waste through composting and other processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please use the space below to describe any government policies, rules or programs relating to food access or consumption in Cook County that concern you.

Cook County Food System Survey

Food Waste Management

Waste processing and management includes trash hauling, composting, recycling, landfill, and other activities related to processing waste products.

14. Please state whether you agree or disagree with the following food waste and recycling statements.

	Agree	Disagree	Don't know/Not sure	No comment
Waste labor wages are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education is needed for the waste workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waste management working conditions are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community stakeholders and residents are 'at the table' in the decision making process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food system causes a great deal of unnecessary waste costs and processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Landfill availability is becoming hard to find	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook County should explore increasing the local development of alternative or new food waste management technologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please use the space below to describe any government policies, rules or programs relating to food waste in Cook County that concern you.

Demographics

*16. Where do you live and work?

Live:

Work:

Please choose the city in which you live and the city in which your office is located.

17. Are you an employee or volunteer of a food system organization? This can be a farm, food processor, food distributor, grocery store, restaurant, etc.

- ☐ Yes
- ☐ No

Cook County Food System Survey

Organization Demographics

18. In what area(s) of the food system does your organization focus?

- ☐ Production
- ☐ Processing
- ☐ Distribution
- ☐ Grocery
- ☐ Food service
- ☐ Food assistance
- ☐ Consumer education or support
- ☐ Waste processing or management

Other (please specify)

19. What is your organization's market area or jurisdiction?

Jurisdiction or catchment area

Please choose:

Other (please specify)

20. Is your organization:

- ☐ For profit
- ☐ Not for profit
- ☐ Government
- ☐ Educational

Other (please specify)

21. Are you a food system advocate?

- ☐ Yes
- ☐ No

Cook County Food System Survey

Demographics

22. Are you an elected official?

☐ Yes

☐ No

23. Are you male or female?

☐ Female

☐ Male

24. What is your age?

☐ Under 18

☐ 18-29

☐ 30-44

☐ 45-64

☐ 65 or older

25. Are you of Hispanic or Latino origin?

☐ No

☐ Yes, Mexican or Chicano

☐ Yes, Puerto Rican

☐ Yes, Other

26. What is your race?

☐ White or Caucasian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian Indian

☐ Chinese

☐ Japanese

☐ Korean

☐ Other Asian

☐ Pacific Islander

☐ Other

Cook County Food System Survey

27. What is your total household income?

- ☐ Under \$25,000
- ☐ \$25,000-49,999
- ☐ \$50,000-74,999
- ☐ \$75,000-99,999
- ☐ \$100,000-\$150,000
- ☐ Over \$150,000

28. Please use the space below to state any issues you feel were not included in the previous questions.



Cook County Food System Survey

Thank You

Thank you for completing this survey. Your input will help to shape the direction of Cook County food efforts in the future.

Interested in staying involved?

There are two ways you can stay involved in this process:

1. Sign up to receive a copy of the recommendations based on the survey results and will be notified when a report of the suburban Cook County food system assessment is completed.
2. Attend a meeting on October 6, 2011, to review the survey results and develop recommendations for what the proposed food policy council will do.

To learn more, or to register for the meeting, visit the Cook County Department of Public Health website at: www.cookcountypublichealth.org

GLOSSARY

This glossary is focused on terms that a food policy council would use on a regular basis.

Agri-tourism

Farm visits, bed and breakfasts holiday events and seasonal celebrations aligned with agricultural production.

Alternative Food System

A local food system that is an alternative to the global corporate models where producers and consumers are separated through a chain of processors/manufacturers, shippers and retailers. They are a complex network of relationships between actors including producers, distributors, retailers and consumers grounded in a particular place. These systems are the unit of measure by which participants in local food movements are working to increase food security and ensure the economic, ecological and social sustainability of communitiesⁱ.

Community Supported Agriculture (CSA)

a community of individuals who pledge support to a farm operation so that the farm becomes, either legally or spiritually, the community's farm, with the growers and consumers providing mutual support and sharing the risks and benefits of food productionⁱⁱ.

Farm

An operation that produces, or would normally produce and sell, \$1,000 or more of agricultural products per year.

Farmstand

A stand-alone store or market selling produce.

Food Cooperative

A grocery store organized as a cooperative. Food cooperatives are usually consumers' cooperatives and are owned by their members.

Food Hub

USDA defines a "local food hub" as "a centrally located facility with a business management structure facilitating the aggregation, storage, processing, distribution, and/or marketing of locally/regionally produced food products." As such, food hubs are a proven approach for building farmer and community wealth. They help farmers to obtain a fair price for their goods, improve food security for people at all income levels within the community, and ensure more of the community's wealth is reinvested locally

Food Incubator

A commercial kitchen operations that attempts to ensure safety and health of consumers and restaurant patrons who could become ill by eating contaminated food. Rules for commercial kitchens, established by the county health departments that conduct routine inspections in Illinois, mandate that equipment, food storage and preparation, cleanliness, sanitation, and staff hygiene practices meet public safety standards. Culinary Incubators drive new start-up businesses, for whom, without a health department licensed commercial kitchen, could not legally produce their food. In addition to producing food, commercial kitchens can be used to shoot TV shows, teach cooking classes, host food tastings, and other events.

Food Policy Councils

Forums for food issues and platforms for coordinated action. These councils can act within governmental bodies or as separate entities.

Food Security

USDA Economic Research Service defines food security as a household-level economic and social condition of limited or uncertain access to adequate food.

Food Shed

Everything between where a food is produced and where a food is consumed. It includes the land it grows on, the routes it travels, the markets it goes through, and the people it serves.

Home Rule

The Illinois Constitution allows a home rule unit to “exercise any power and perform any function pertaining to its government and affairs.

Link Program

The Illinois Link Program is the Electronic Benefits Transfer (EBT) system used in Illinois to distribute food and cash assistance benefits authorized under several federal and state programs. Food benefits are authorized under the federal Supplemental Nutrition Assistance Program (SNAP). As of October 1, 2008 SNAP is the new name for the Food Stamp Program. The state cash programs are Temporary Assistance for Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), General Assistance (GA), and Refugee and Repatriate Assistance (RRA). Families who are eligible for the food and cash programs access their benefits using their Illinois Link card by swiping the card through a point of sale (POS) terminal and entering their Personal Identification Number (PIN). The majority of Link card holders, 91%, receive only food benefits, 7% receive both food and cash benefits, and 2% receive only cash benefits. Food benefits can be spent only on SNAP eligible food items; cash benefits have no restrictions. Farmers’ markets accepting Link benefits in Suburban Cook County include, Oak Park Farmers’ Market and Evanston Farmers’ Market.

Local Food

A product available for direct human consumption that is grown, processed, packaged, and distributed within a certain distance. Typically the distance ranges from 100-300 miles from a community. In GO TO 2040, The Chicago Metropolitan Agency for Planning did not set a mileage target, but instead defined the distance component as “within our seven counties and adjacent regions” making it a more relative term than a set standard.ⁱⁱⁱ Good Greens, a network of local food advocacy organizations, defines the Midwest growing region as the following states: Illinois, Indiana, Ohio, Michigan, Wisconsin, and Minnesota. These states are also included in the USDA Office of Food and Nutrition Service Midwest Region.

Local Rule

Municipal ordinances supersede county guidelines. Municipalities with populations over 25,000 are automatically considered in this category of governance. Others may choose to do so through a referendum.

Municipality

An urban political unit having corporate status and usually powers of self-government.

Natural

Legally, food labeled "natural" does not contain any *artificial* ingredients, coloring ingredients, or chemical preservatives, and, in the case of meat and poultry, is minimally processed.

Ordinance

A law passed by a municipal government.

Organic

Organically raised food follows a set of prescribed practices that differ in a number of ways from industrialized agriculture. Only farms that go through the certification process of their country or state can label their food organic. The process is expensive, and many small farms choose to forgo certification even though their own practices meet or exceed those required.

Pastured Meat Products

Any animal raised for meat or eggs, having the ability to walk around in open fields and woods, foraging for food (primarily seeds and insects, with the occasional small rodent).

Soil Amendments

Compost, fertilizers, soil conditioners, lab tests, etc.

Supplemental Nutritional Assistance Program (SNAP)

Approval by the federal SNAP authorizes farmers' markets to accept Link payments from the Link food account. Under this approval, farmers' markets must follow the federal SNAP and Electronic Benefits Transfer (EBT) rules and regulations. The farmers' markets must specifically

request authorization to accept cash Link payments, and to describe how Link purchases with food and cash benefits are accounted for separately at the vendor sales level.

Specialty Crops

Fruit, trees, nuts, vegetables, dried fruits, horticulture and nursery crops. Corn and soybeans are excluded in this definition.

Statute

A law, statute or regulation enacted by a municipal corporation.

Sustainable Agriculture

The term "sustainable agriculture" ([U.S. Code Title 7, Section 3103](#)) means an integrated system of plant and animal production practices having a site-specific application that will over the long-term:

- Satisfy human food and fiber needs.
- Enhance environmental quality and the natural resource base upon which the agriculture economy depends.
- Make the most efficient use of nonrenewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls.
- Sustain the economic viability of farm operations.
- Enhance the quality of life for farmers and society as a whole.

Township

A unit of local government usually a subdivision of a county, found in most Midwestern and northwestern states of the U.S. and in most Canadian provinces. Townships and municipalities have different powers and responsibilities. A township in Illinois is six miles by six miles.

Unincorporated

land not included in municipal jurisdiction.

Vertical Farming

A concept that argues that it is economically and environmentally viable to cultivate plant or animal life within skyscrapers or on vertically inclined surfaces.

WIC

A special supplemental food program for women, infants and children.

¹ Dunne, J., Chambers, K., Giombolini, K. Schlegel, S. "What Does 'Local' Mean in the Grocery Store? Multiplicity in Food Retailers' Perspectives on sourcing and Marketing Local Foods", *Renewable Agriculture and Food Systems*, pp. 46-59.

ⁱⁱ DeMuth, S. (1993). *Community Supported Agriculture (CSA): An Annotated Bibliography and Resource Guide*, USDA, National Agricultural Library.

ⁱⁱⁱ GO TO 2040, Promote Sustainable Local Food, Chicago Metropolitan Agency for Planning (CMAP), 2010.
<http://www.cmap.illinois.gov/2040/local-food-systems>.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
August 21, 2012

ATTACHMENT #4



**Cook County Department
of Public Health**
Promoting health. Preventing disease.
Protecting you.

CD UPDATE

August 2012

Gonorrhea Resistance Update - Suburban Cook County

**Cook County
Department of Public Health**
15900 S. Cicero, Oak Forest IL, 60452

...
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TB Program
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Fax: 708-836-8663

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VPD Program
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**Cook County Department of
Public Health**
www.cookcountypublichealth.org

...
**Chicago Department of Public
Health**
[www.cityofchicago.org/city/en/
depts/cdph.html](http://www.cityofchicago.org/city/en/depts/cdph.html)

...
Illinois Department of Public Health
www.idph.state.il.us

...
**Centers for Disease Control and
Prevention**
www.cdc.gov

To report a communicable dis-
ease, please call **708-633-8030**
during regular business hours
(8:30 AM - 4:30 PM).

To reach communicable disease
staff after hours (4:30 PM - 8:30
AM), please call **708-633-4000**
and press '3' when prompted.

Gonorrhea in Suburban Cook County: Gonorrhea (GC) is the second most commonly reported infectious disease both in suburban Cook County¹ and in the U.S.² This sexually transmitted infection (STI) is caused by the organism *Neisseria gonorrhoeae*. Left untreated, GC can lead to pelvic inflammatory disease (PID)³, ectopic pregnancy³, and infertility³.

Epidemiology of GC in suburban Cook County, 2011

- 2,067 cases were reported; 71% of reported cases were non-Hispanic Black; 5.7% of cases were non-Hispanic White and 5.7% were Hispanic/Latino
- Two-thirds of cases were between 15-24 years of age
- 61% of reported cases lived in the South District and 23% lived in the West District

Resistance: *N. gonorrhoeae* has progressively developed resistance to antibiotics including sulfonilamides, penicillin, tetracycline, and ciprofloxacin. Among *N. gonorrhoeae* isolates collected between 2009-2010, 0.11% had decreased susceptibility to cefixime compared to just 0.002% between 2000-2006.⁴ This finding raises concerns for the potential emergence of gonococcal cephalosporin resistance.

Treatment: Current CDC treatment guidelines recommend dual therapy with the injectable cephalosporin, ceftriaxone, and either azithromycin or doxycycline to treat all uncomplicated GC infections among adults and adolescents in the U.S. As always, treatment should be administered with appropriate patient counseling, partner management, and public health reporting.

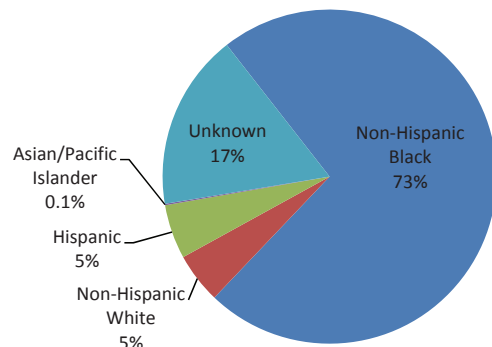
Treatment Failures: Patients with cephalosporin treatment failure should return for 'test-of-cure' within one week, preferably by culture and antibiotic susceptibility testing. Notify the STI Program at CCDPH (708-633-8585) within 24 hours following the identification of a GC treatment failure and consult with STI program personnel for referral of the isolate for susceptibility testing.

Counseling: Emphasize that patients should abstain from oral, vaginal, or anal sex until one week

Figure 2. Reported GC Cases by Age Groups, 2007-2011, CCDPH Jurisdiction



Figure 1. 2011 GC Cases Among Persons Aged 15-24 Years by Race/Ethnicity, CCDPH Jurisdiction



after the patient and all of his/her partners are treated. Discuss the importance of timely notification and referral of sex partners for treatment. Discuss risk reduction measures to avoid re-infection with gonorrhea or acquisition of another STI and HIV.

Reporting

Report all confirmed cases of gonorrhea to the STI Program within 7 days.

Table 1. Morbidity for Selected Infectious Diseases, Suburban Cook County*, 2007-2011¶

Vaccine Preventable	2007	2008	2009	2010	2011	5 yr Median
Diphtheria	0	0	0	0	0	0
<i>Haemophilus influenzae</i> (type B)	0	0	2	0	0	0
Hepatitis B						
Acute	39	66	26	25	25	26
Chronic	511	383	293	309	306	309
Measles	0	11	0	0	1	0
Mumps	21	19	14	4	2	14
Pertussis (Whooping cough)	45	92	94	142	280	94
Rubella	0	0	0	0	0	0
Tetanus	1	0	0	1	0	0
Selected Diseases						
Cryptosporidiosis	21	14	15	26	17	17
<i>E. coli</i> O157:H7	17	10	33	9	16	16
Giardiasis	94	72	79	75	81	79
<i>Haemophilus influenzae</i>	21	30	28	31	23	28
Hepatitis A	35	46	36	5	6	35
Hepatitis C	1,141	811	806	819	920	819
Histoplasmosis	10	19	3	10	12	10
Legionnaires' disease	14	38	30	39	27	30
Listeriosis	7	11	10	6	7	7
Lyme Disease	18	9	23	31	23	23
Malaria	11	21	19	10	19	19
Meningococcal disease	14	22	8	3	8	8
Pneumococcal disease (invasive)†	172	32	23	17	23	23
Salmonellosis	371	282	285	345	285	285
Shigellosis	95	120	90	125	95	95
Streptococcal Invasive (Group A)	47	38	46	47	47	47
Tuberculosis						
Active	139	100	100	93	75	100
Latent	947	783	n/a	650	559	717
Typhoid Fever	7	5	3	3	6	5
WNV (neuroinvasive)	16	3	0	15	10	10
Sexually Transmitted Infections						
Chlamydia	8,110	8,219	8,204	8,825	8,398	8,219
Gonorrhea	2,782	2,560	2,196	2,093	2,067	2,196
HIV	189	201	182	184	141¶	184
AIDS	185	112	84	62	35¶	84
Syphilis§	69	89	133	151	171	133

* Excludes Evanston, Oak Park, Skokie and Stickney Township (except for tuberculosis)

† As of 3/08, reportable only in those < 5 years of age

¶ Provisional cases (as of 7/15/2012)

§ Early syphilis (i.e., primary, secondary and early latent)

1. Data Source: Illinois Department of Public Health STD Section.
2. CDC. 2010 Sexually Transmitted Disease Surveillance Report. Available at: <http://www.cdc.gov/std/stats10/default.htm> (last accessed 7/6/12).
3. CDC. Fact Sheet on Gonorrhea. Available at: <http://www.cdc.gov/std/gonorrhea/STDFact-Gonorrhea.htm> (last accessed, 7/6/12).
4. CDC. Cephalosporin susceptibility among *Neisseria gonorrhoeae* isolates - United States, 2000–2010. MMWR 2011; 60(26); 873-877.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
August 21, 2012

ATTACHMENT #5

Annual Tuberculosis Surveillance Report, 2011

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Communicable Disease Control Unit

Michael O. Vernon, DrPH
Director
Communicable Disease Control Unit



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

**Cook County Department
of Public Health**

Promoting health. Preventing disease.
Protecting you.

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

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Protecting the Health and Environment of Suburban Cook County
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ACRONYMS, ABBREVIATIONS & DEFINITIONS

Active TB: (see TB Disease)

BCG: Bacille Calmette Guérin, a vaccination given to persons, usually infants, in countries where TB is common. BCG is NOT used in the United States.

Extrapulmonary TB: A person with *Mycobacterium tuberculosis* infection outside of the lungs, the pleural space, and the larynx (voice box). A person with extrapulmonary disease can also have pulmonary TB (see below).

LTBI: Latent Tuberculosis Infection; a person with TB infection who is not contagious.

MDR-TB: Multi-drug resistant TB. MDR-TB is defined as TB resistant to isoniazid and rifampin, the two most important first line anti-tuberculosis medications.

Pulmonary TB: A person with *Mycobacterium tuberculosis* infection of the lungs, pleural space or the larynx (voice box). A person with pulmonary TB can also have extrapulmonary TB.

QFT-G: QuantiFERON-TB Gold Test, a blood test used to detect *Mycobacterium tuberculosis*. This test cannot distinguish persons with LTBI from persons with TB disease. In contrast to the TST (see below), QFT-G can distinguish persons with either LTBI or TB disease from persons who may have received BCG vaccination. QFT-G has greater specificity than TST.

TB: Tuberculosis

TB Disease: A person with TB infection who is contagious to others; a person with TB disease can have pulmonary TB, extrapulmonary TB, or both.

TST: Tuberculin Skin Test, a test whereby purified protein derivative (PPD) is injected under the skin in the forearm. Persons with TB infection react to the PPD which results in a bump (induration) where the PPD was injected. Qualified healthcare personnel can measure the size of the bump and determine whether the test is positive or negative. A positive TST can indicate active TB infection, LTBI, or prior BCG vaccination. However, the TST is not able to distinguish between these three possibilities.

XDR-TB: Extensively drug resistant TB. XDR-TB is defined as MDR-TB plus TB that is resistant to any fluoroquinolone plus resistance to one of the three injectable drugs (i.e., amikacin, kanamycin, or capreomycin).

OVERVIEW

Epidemiologic Summary

- Seventy five (75) new cases of TB were reported in suburban Cook County in 2011. This represents a rate of 3.0 cases per 100,000; a 15% decrease in cases reported since 2010 and a 25% decrease since 2009 (Table 1).
- The North District accounted for 52% of reported cases in 2011 (Table 8).
- Municipalities with the highest numbers of cases included Cicero (n=7), Wheeling (n=7), Skokie (n=5) and Hoffman Estates (n=5) (Table 8).
- Five (5) lived in Skokie and five (5) in Hoffman Estates. Each of the following municipalities had three TB cases: Des Plaines, Elk Grove Village, Mt. Prospect, and Niles (Table 8).
- The top three countries of origin for foreign-born TB cases were India (31%), Mexico (29%) and the Philippines (8.5%) (Table 3).
-

TB Burden in Foreign-born Persons

- The proportion of TB cases in foreign-born persons increased from 65% in 2002 to 79% in 2011 (Figure 2).
- Three countries accounted for 68% of all foreign-born cases: India (n=18; 31%), Mexico (n=17, 29%) and the Philippines (n=5; 8.5%).
- Among foreign-born persons diagnosed with TB, 92% arrived 5 or more years prior to receiving a diagnosis of TB disease (Figure 4).

Drug Resistance

- In 2011, no case of MDR-TB was identified (Table 5).

Coinfection with HIV

- Between 1-4 cases with TB were coinfecting with HIV (Table 6); these persons are defined, per AIDS case definition, as having AIDS. The exact number of coinfecting cases is not given in order to protect the confidentiality of those persons.

Directly Observed Therapy

- In 2011, 98% of patients with pulmonary TB received DOT (Figure 5).

Completion of Therapy

- For TB cases diagnosed in 2009, the most recent year for which data on completion of tuberculosis therapy are available, 94% of persons with TB disease who were eligible* completed treatment
- Among persons diagnosed in 2009 and who were eligible* to complete TB treatment in 12 months*, 82% of cases did so. This is below the Healthy People 2020 goal of 93% (Figure 6)..

* Eligible cases are persons who were alive at the time of TB diagnosis and did not die during therapy, and excludes persons with TB resistant to rifampin and pediatric cases (<15 years) with a diagnosis of meningeal, bone/joint, or miliary TB.

Figure 1. Rates of Reported Tuberculosis Cases by Selected Jurisdictions, 1993-2011

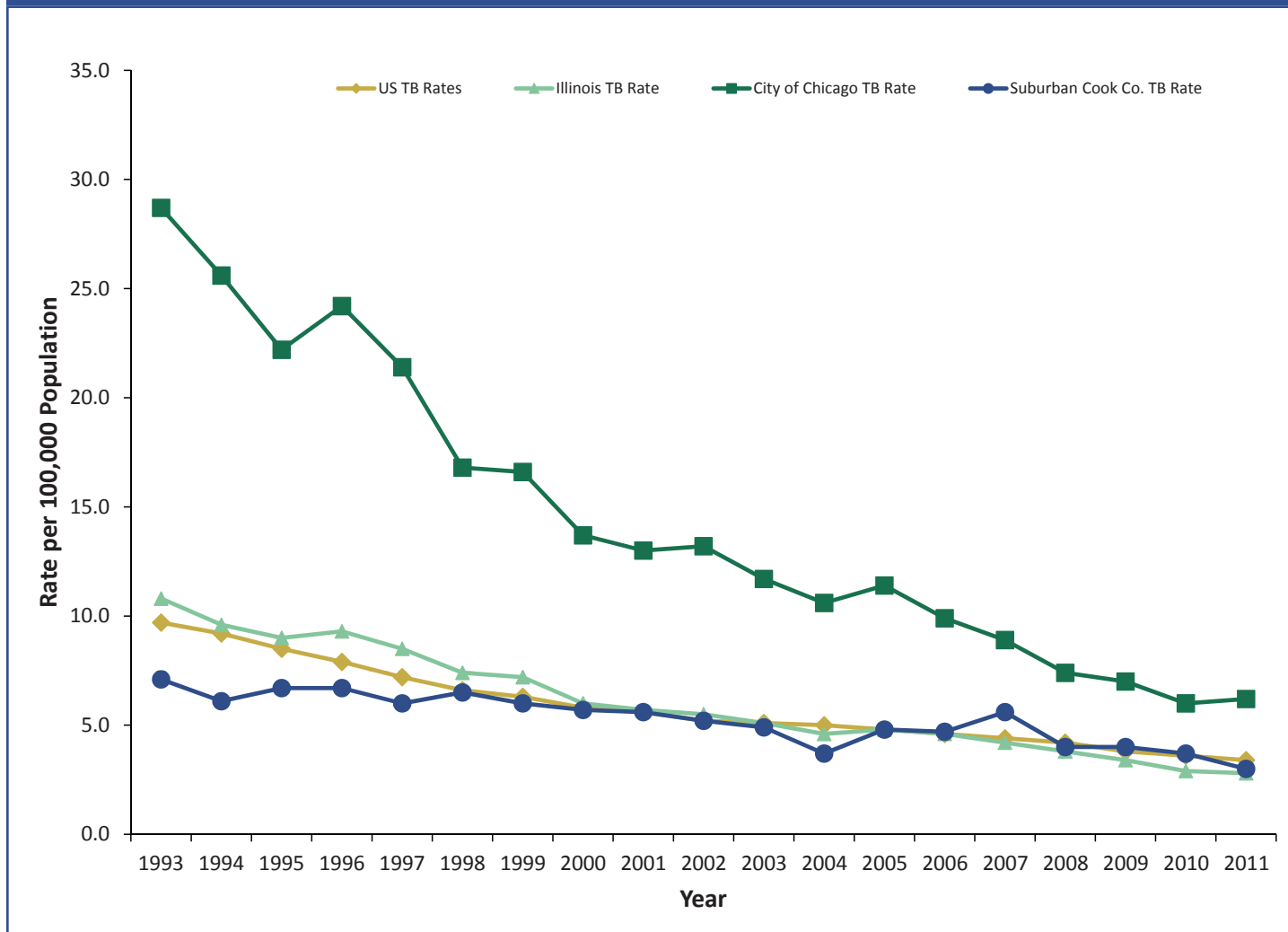


Figure 1. TB rates declined from 7.1 per 100,000 population in 1993 to 3.0 per 100,000 population in 2011. Declines in both numbers and rates of TB occurred nationally and in Illinois. TB rates in Chicago declined from 28.7 per 100,000 population in 1993 to 6.2 per 100,000 in 2011.

Table 1. Number and Rate (per 100,000 population) of Reported Tuberculosis Cases by Selected Public Health Jurisdictions, 1993-2011

Year	Suburban Cook County		City of Chicago		Illinois		USA	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1993	165	7.1	798	28.7	1,235	10.8	25,107	9.7
1994	142	6.1	714	25.6	1,101	9.6	24,205	9.2
1995	155	6.7	619	22.2	1,024	9.0	22,728	8.5
1996	155	6.7	674	24.2	1,060	9.3	21,210	7.9
1997	140	6.0	597	21.4	974	8.5	19,751	7.2
1998	150	6.5	469	16.8	850	7.4	18,287	6.6
1999	140	6.0	463	16.6	825	7.2	17,501	6.3
2000	141	5.7	398	13.7	743	6.0	16,310	5.8
2001	139	5.6	377	13.0	707	5.7	15,945	5.6
2002	130	5.2	382	13.2	680	5.5	15,056	5.2
2003	122	4.9	339	11.7	633	5.1	14,836	5.1
2004	91	3.7	308	10.6	569	4.6	14,500	5.0
2005	120	4.8	329	11.4	596	4.8	14,067	4.8
2006	116	4.7	287	9.9	569	4.6	13,727	4.6
2007	139	5.6	258	8.9	521	4.2	13,288	4.4
2008	100	4.0	214	7.4	469	3.8	12,904	4.2
2009	100	4.0	202	7.0	418	3.4	11,540	3.8
2010	93	3.7	161	6.0	372	2.9	11,181	3.6
2011	75	3.0	166	6.2	359	2.8	10,521	3.4

* Rates (per 100,000 population) for years 1993-1999 calculated using 1990 US census data; rates for 2000 - 2009 calculated using 2000 US census data. Rates for 2010 & 2011 calculated using 2010 US census data.

Table 2. Number and Percentage of Reported Tuberculosis Cases by Selected Characteristics, Suburban Cook County, 2002-2011

Characteristic	2002		2003		2004		2005		Year		2007		2008		2009		2010		2011	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Sex																				
Male	73	(55)	70	(57)	53	(58)	57	(48)	64	(55)	73	(52)	58	(58)	47	(47)	51	(55)	41	(55)
Female	59	(45)	52	(43)	38	(42)	63	(53)	52	(45)	67	(48)	42	(42)	53	(53)	42	(45)	34	(45)
Age Groups (Y)																				
<5	2	(2)	1	(1)	1	(1)	3	(3)	4	(3)	3	(2)	2	(2)	2	(2)	2	(2)	1	(1)
5-14	0	(0)	1	(1)	0	(0)	3	(3)	4	(3)	2	(1)	1	(1)	0	(0)	0	(0)	2	(3)
15-24	13	(10)	17	(14)	5	(5)	15	(13)	7	(6)	14	(10)	4	(4)	13	(13)	9	(10)	6	(8)
25-44	54	(41)	38	(31)	31	(34)	43	(36)	36	(31)	32	(23)	40	(40)	40	(40)	24	(26)	24	(32)
45-64	31	(23)	44	(36)	33	(36)	31	(26)	35	(30)	58	(41)	30	(30)	22	(22)	29	(31)	21	(28)
65+	32	(24)	21	(17)	21	(23)	25	(21)	30	(26)	31	(22)	23	(23)	23	(23)	29	(31)	21	(28)
Race/Ethnicity																				
White, not Hispanic	29	(22)	28	(23)	23	(25)	21	(18)	19	(16)	27	(19)	21	(21)	14	(14)	14	(15)	10	(13)
Black, not Hispanic	23	(17)	30	(25)	19	(21)	30	(25)	19	(16)	16	(11)	24	(24)	10	(10)	11	(12)	13	(17)
Hispanic	25	(19)	19	(16)	21	(23)	24	(20)	25	(22)	28	(20)	17	(17)	24	(24)	31	(33)	20	(27)
Asian/Pacific Islander	55	(42)	45	(37)	28	(31)	45	(38)	53	(46)	69	(49)	38	(38)	45	(45)	37	(40)	32	(43)
Other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	7	(7)	0	(0)	0	(0)
TOTAL	132	(100)	122	(100)	91	(100)	120	(100)	116	(100)	140	(100)	100	(100)	100	(100)	93	(100)	75	(100)

Table 2. In 2011, 55% of TB cases were male; 88% were aged 25 years or older; 43% were Asian/Pacific Islanders. There were 3 pediatric cases (i.e. cases <15 years of age) representing 4% of all cases diagnosed in 2011 in suburban Cook County.

Figure 2. Proportion of Reported Tuberculosis Cases by Birthplace, Suburban Cook County, 2002-2011

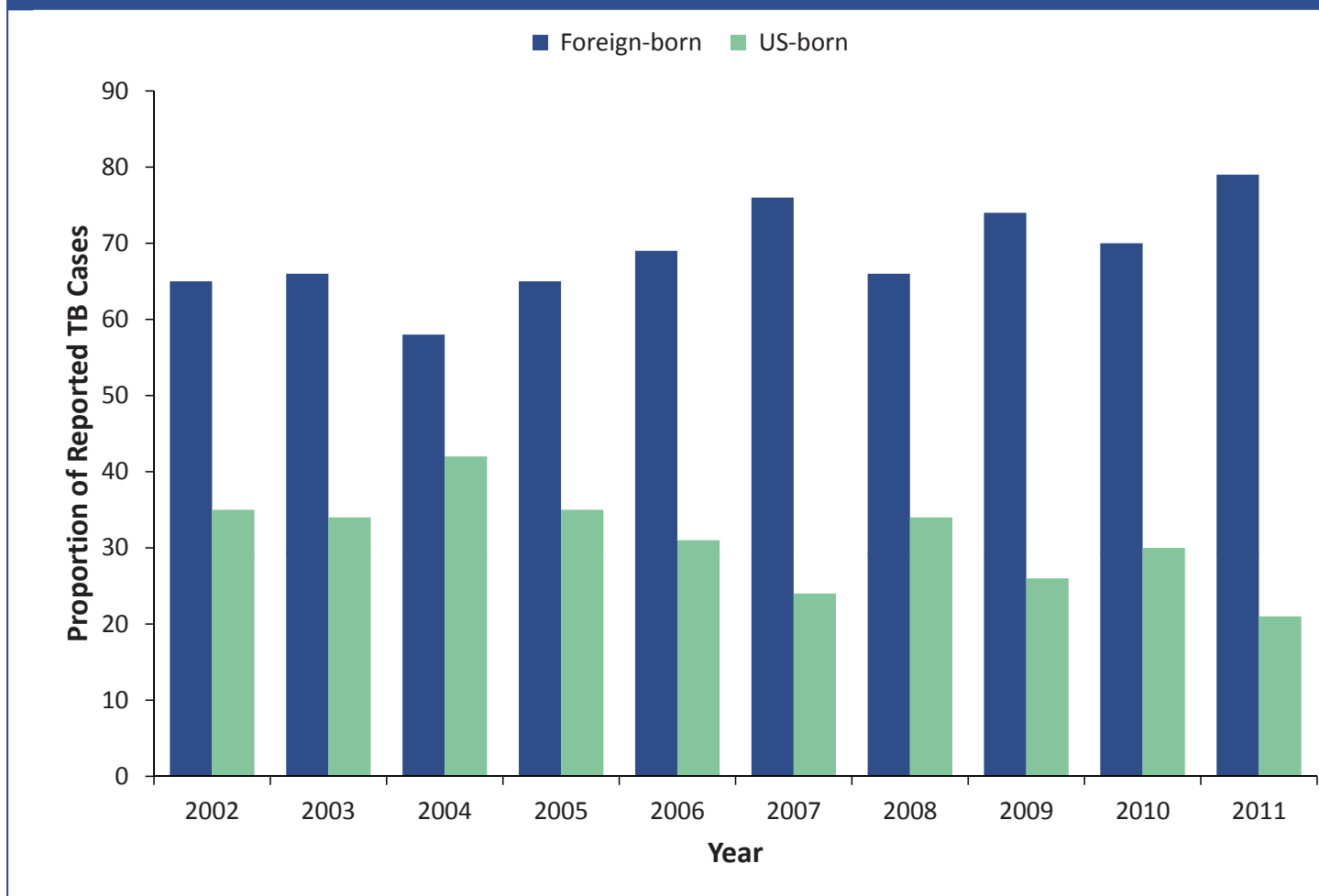


Figure 2. The proportion of TB cases in foreign-born persons has increased from 65% in 2002 to 79% in 2011.

Figure 3. Reported TB Cases by Birthplace and Race/Ethnicity, Suburban Cook County, 2011

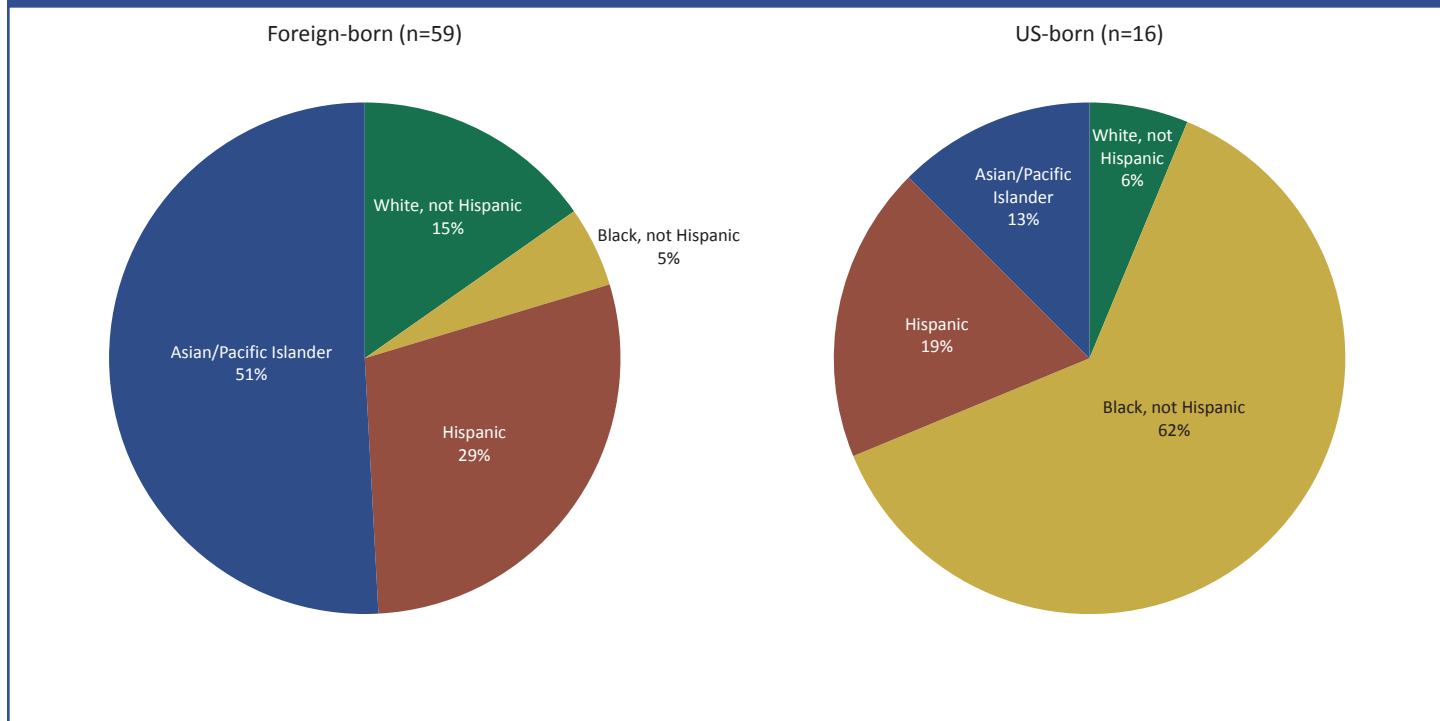


Figure 3. Important race/ethnicity differences exist in the distribution of cases by birthplace. Among foreign-born persons, Asian/Pacific Islanders accounted for the majority (51%) of cases. By comparison, non-Hispanic Blacks accounted for the highest proportion of cases (62%) among U.S.-born TB cases.

Table 3. Tuberculosis Cases by Most Frequently Reported Countries of Origin, Suburban Cook County, 2002 - 2011

Birthplace	Year									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*
India	31	16	13	24	23	30	10	18	20	18
Mexico	18	14	13	19	18	18	11	17	21	17
Philippines	7	13	10	12	16	21	17	11	8	5
Poland	4	3	3	3	1	4	2	2	1	6
Korea South	6	2	2	4	2	5	1	2	2	1
Vietnam	1	3	0	1	2	1	2	6	1	2
China	1	3	1	0	4	1	4	2	2	0
Pakistan	3	2	1	1	1	5	1	3	0	0
Nigeria	0	4	0	1	0	0	1	1	0	3
Haiti	0	3	0	1	0	1	0	2	0	0
Romania	1	0	1	1	2	0	1	0	0	1
Russia	0	1	0	1	0	1	2	0	1	1
Peru	0	1	1	1	0	2	0	0	1	0
Bosnia and Herzegovina	1	1	2	1	0	0	0	0	0	0
Guatemala	1	1	1	0	0	2	0	0	0	0
Italy	1	1	0	1	0	2	0	0	0	0
Korea North	0	1	0	0	0	1	3	0	0	0
Myanmar (formerly Burma)	2	1	0	0	0	1	1	0	0	0
Thailand	0	1	0	0	1	1	0	2	0	0
Zimbabwe	1	1	0	1	0	0	1	0	0	1

*In 2011, cases were also counted in persons who were born in Cambodia, Ecuador, and Yemen.

Table 3. In 2011, 59 foreign-born persons with active TB came from 13 different countries. Three countries accounted for 68% of all foreign born cases: India (n=18; 31%), Mexico (n=17; 29%) and the Philippines (n=5; 8.5%).

Figure 4. Number of Years Living in the United States Prior to Receiving a Diagnosis of Tuberculosis Disease, Suburban Cook County, 2011

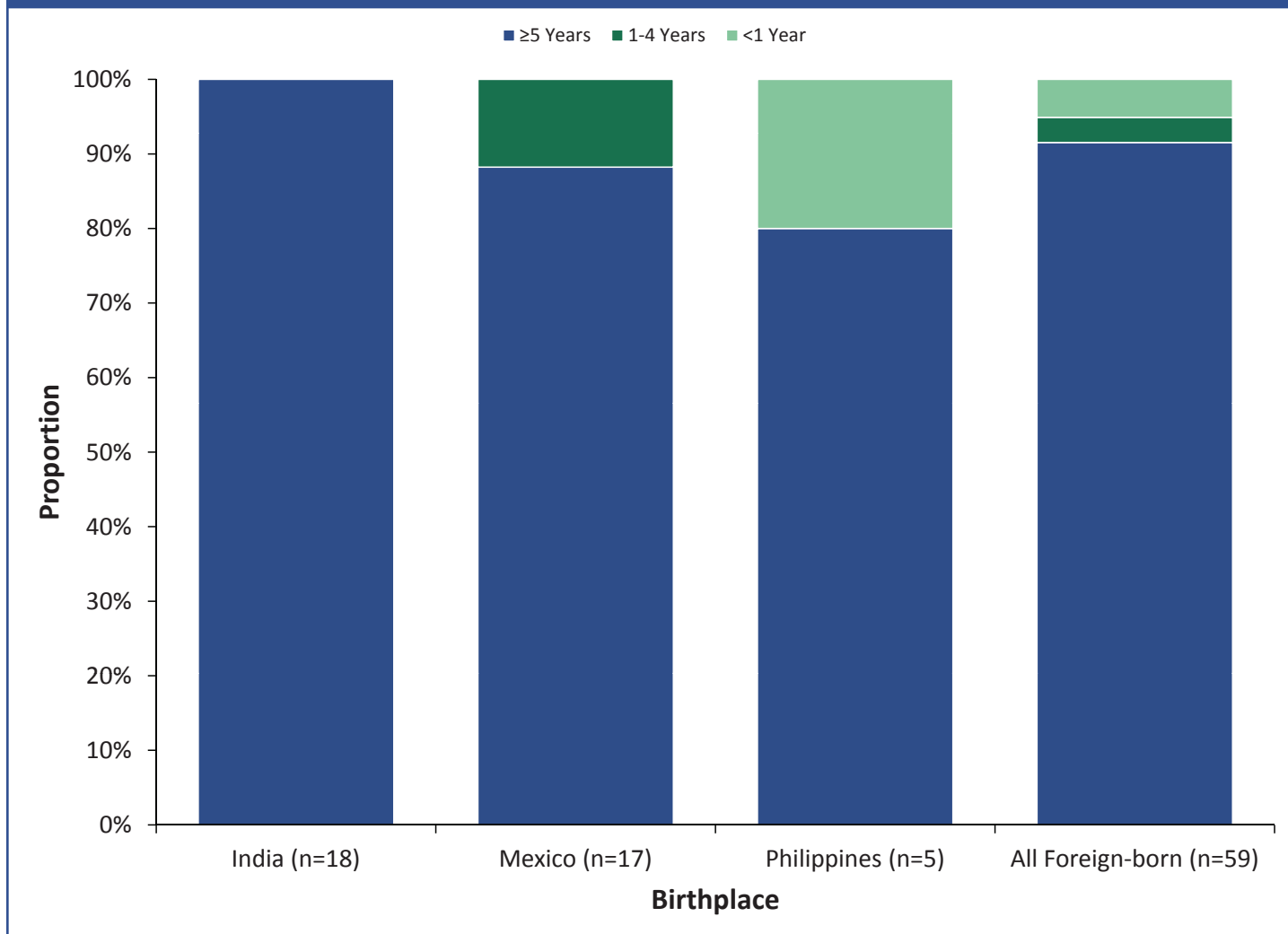


Figure 4. Among all foreign-born TB cases reported in 2011, 92% arrived in the U.S. 5 or more years prior to receiving a diagnosis of TB disease.

Table 4. Number and Proportion of Reported Tuberculosis Cases by Site of Disease and Laboratory Results, Suburban Cook County, 2011

Site of Disease	Total Cases	Sputum Smear Positive		Culture positive	
	No.	No.	(%)	No.	(%)
Pulmonary Only	49	23	(47)	30	(61)
Extrapulmonary Only	23	0	(0)	0	(0)
Both	4	0	(0)	2	(50)
Total	75	22	(29)	32	(43)

Table 4. Forty nine (49) reported TB cases in 2011 had pulmonary only TB; 23 cases had extrapulmonary only TB (no pulmonary involvement). Sixty one percent (61%) of pulmonary only TB cases cases were culture positive.

Table 5. Tuberculosis Susceptibility Results by Birthplace, Suburban Cook County, 2011

Birthplace	Cases with Susceptibility Results	Any Drug Resistance		INH-Resistant		MDR-TB	
	No.	No.	(%)	No.	(%)	No.	(%)
Foreign-born	49	9	(18)	3	(6)	0	(0)
US-born	11	2	(18)	1	(9)	0	(0)
Total	60	11	(18)	4	(7)	0	(0)

Table 5. Sixty (60) cases in 2011 had susceptibility tested performed. There were no cases of MDR-TB or XDR-TB in suburban Cook County in 2011.

Table 6. Trends in the Number of Reported Tuberculosis Cases, HIV Testing and Coinfection with HIV, Suburban Cook County, 2002-2011

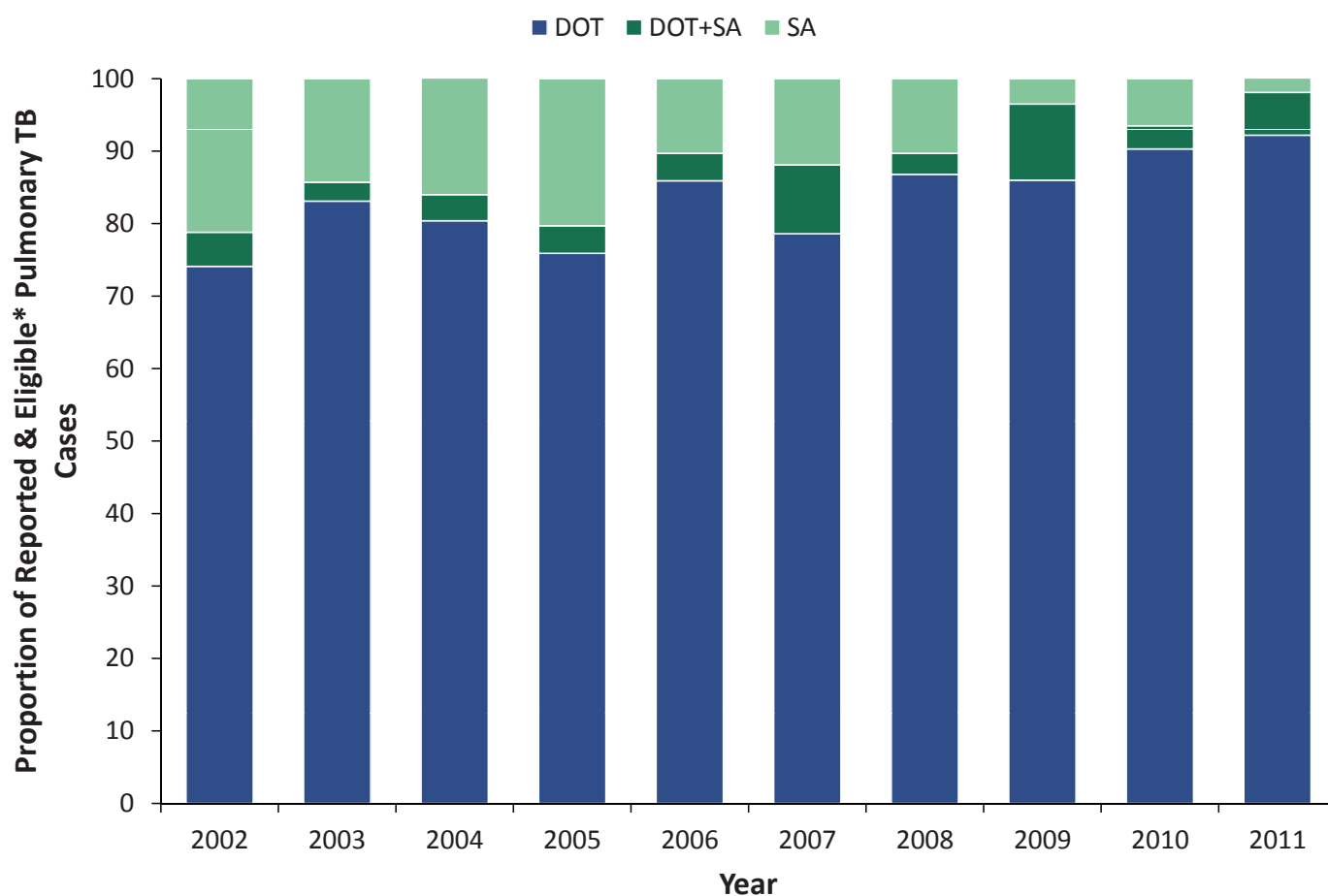
Year	TB Cases	Tested for HIV		Coinfected with HIV*	
	No.	No.	(%)	No.	(%)
2002	130	72	(55)	5	(7)
2003	122	89	(73)	7	(8)
2004	91	75	(82)	†	†
2005	120	94	(78)	6	(6)
2006	116	85	(73)	†	†
2007	139	109	(78)	6	(6)
2008	100	87	(87)	9	(10)
2009	100	77	(77)	5	(6)
2010	93	72	(77)	0	(0)
2011	75	67	(89)	†	†

* Persons with HIV who receive a TB diagnosis are defined as having AIDS.

† Cells with small counts (1-4) have been suppressed.

Table 6. Testing for HIV among reported cases of TB increased from 55% in 2002 to 89% in 2011. Between 1-4 cases were coinfecting in 2011 (the exact number is suppressed to protect the confidentiality). Persons with TB and HIV coinfection are classified, by AIDS surveillance case definition, as having AIDS.

Figure 5. Mode of Treatment Administration in Reported Pulmonary Tuberculosis Cases, Suburban Cook County, 2002-2011



* Percentage includes cases alive at diagnosis, who did not die during therapy with one or more anti-tuberculosis drugs prescribed and excludes persons with missing or unknown information regarding mode of treatment administration.

Figure 5. The proportion of TB cases receiving directly observed therapy (DOT), whether DOT only or DOT with some self-administered (SA) therapy has increased over time. The proportion of pulmonary TB cases receiving directly observed therapy (DOT only or DOT+SA) increased from 79% in 2002 to 98% in 2011.

Figure 6. Completion of Tuberculosis Therapy, Suburban Cook County, 2000-2009

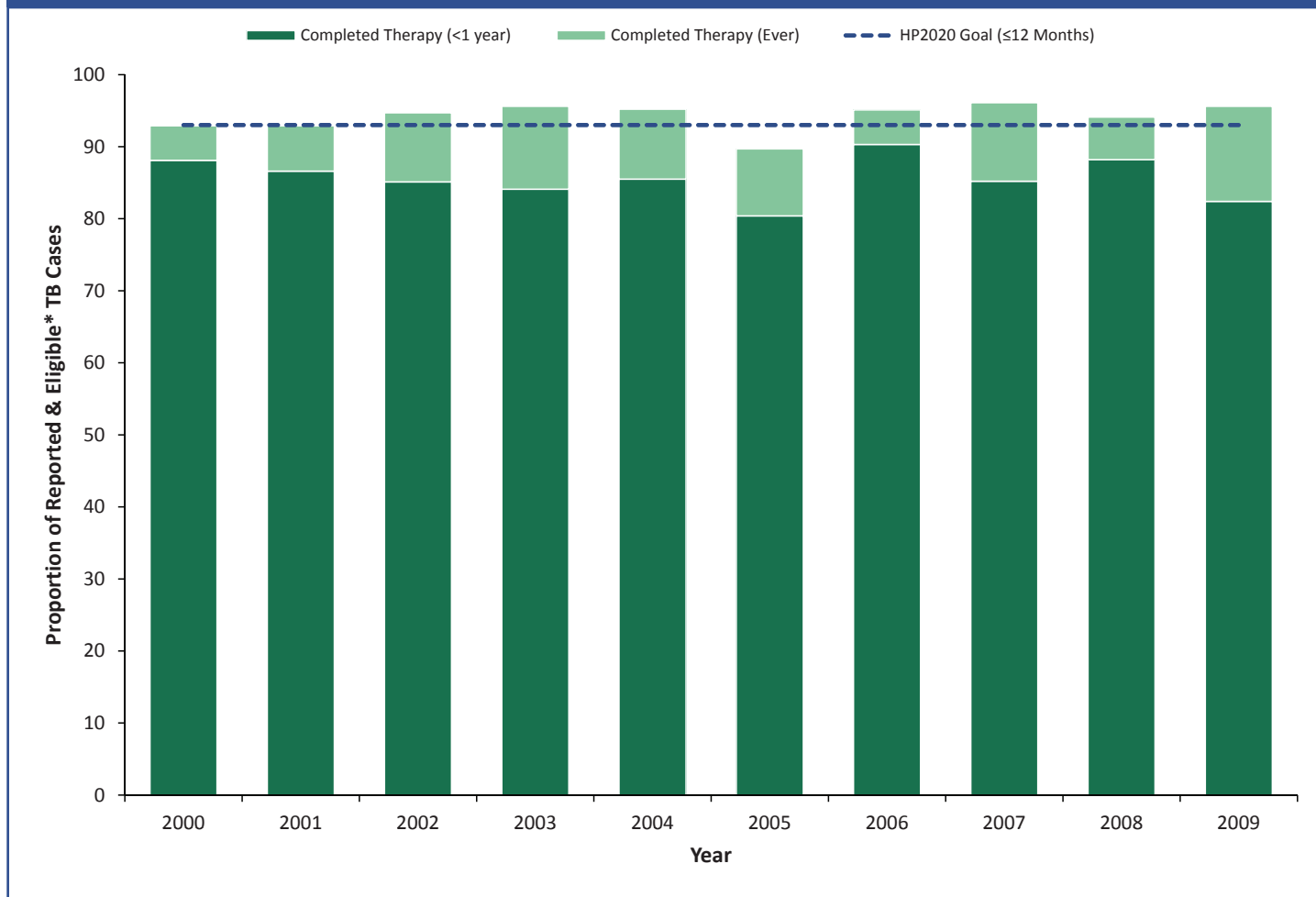


Figure 6. In 2009, the most recent year for which data on completion of tuberculosis therapy are available, 96% of reported TB cases who were eligible* completed treatment.

In 2009, 82% of eligible* persons completed treatment in less than one year. This is below the Department of Health and Human Services Healthy People 2020 goal of 93%.

* Eligible cases are persons who were alive at the time of TB diagnosis and did not die during therapy, and excludes persons with TB resistant to rifampin and pediatric cases (<15 years) with a diagnosis of meningeal, bone/joint, or miliary TB.

Figure 7. Reported Tuberculosis Case Rates (per 100,000 population) by Municipality (Suburban Cook County or Community Area (Chicago), Cook County, 2011

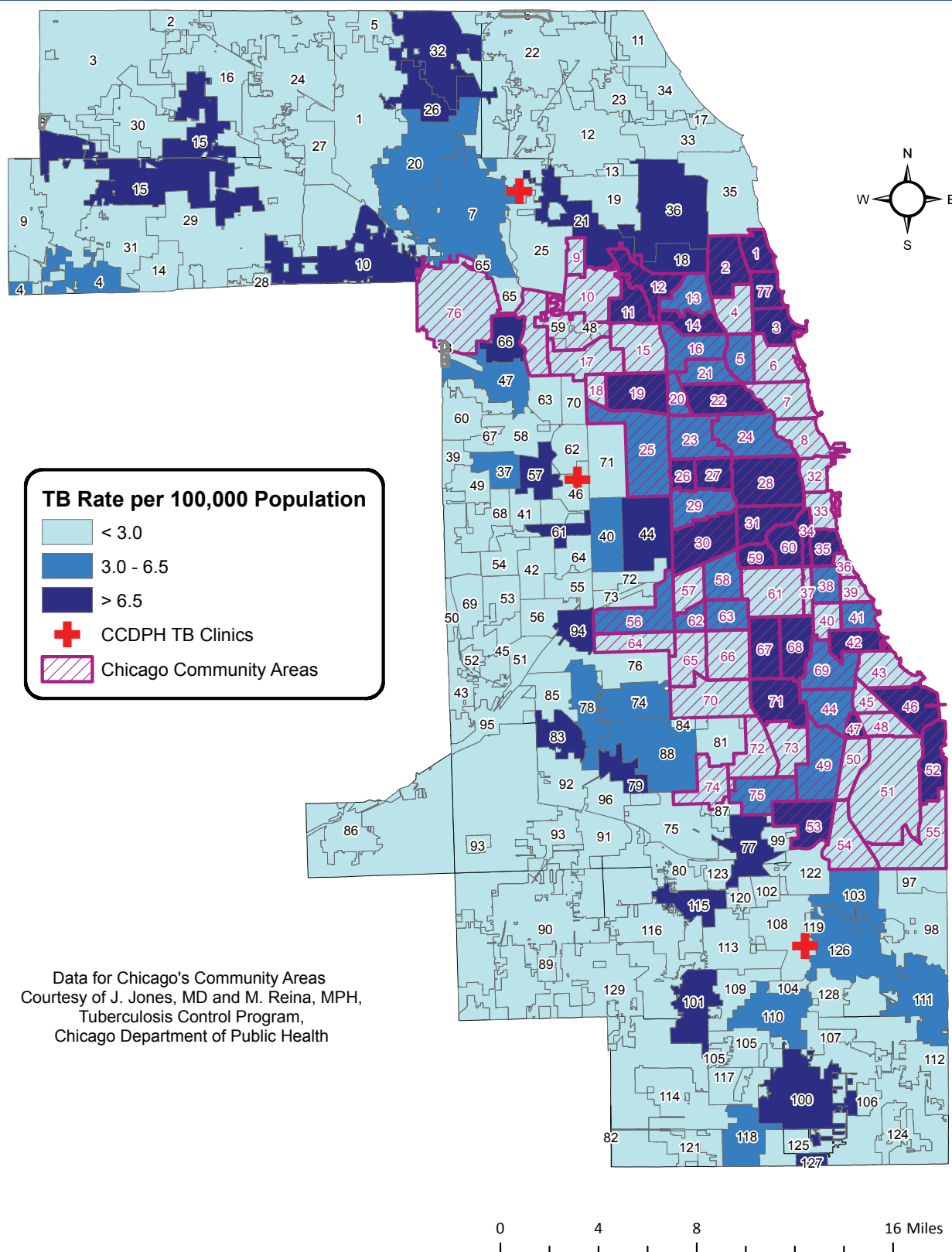


Table 7. Map Key - Suburban Cook County Municipalities and Chicago Community Areas

City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #
Arlington Heights	1	North Riverside	61	Richton Park	121	East side	52
Barrington	2	River Forest	62	Riverdale	122	West Pullman	53
Barrington Hills	3	River Grove	63	Robbins	123	Riverdale	54
Bartlett	4	Riverside	64	Sauk Village	124	Hegewisch	55
Buffalo Grove	5	Rosemont	65	South Chicago Heights	125	Garfield Ridge	56
Deerfield	6	Schiller Park	66	South Holland	126	Archer Heights	57
Des Plaines	7	Stone Park	67	Steger	127	Brighton Park	58
East Dundee	8	Westchester	68	Thornton	128	Mckinley Park	59
Elgin	9	Western Springs	69	Tinley Park	129	Bridgeport	60
Elk Grove Village	10	Elmwood Park	70	Rogers Park	1	New City	61
Glencoe	11	Oak Park	71	West Ridge	2	West Elsdon	62
Glenview	12	Stickney	72	Uptown	3	Gage Park	63
Golf	13	Forest View	73	Lincoln Square	4	Clearing	64
Hanover Park	14	Burbank	74	North Center	5	West Lawn	65
Hoffman Estates	15	Alsip	75	Lake View	6	Chicago Lawn	66
Inverness	16	Bedford Park	76	Lincoln Park	7	West Englewood	67
Kenilworth	17	Blue Island	77	Near North Side	8	Englewood	68
Lincolnwood	18	Bridgeview	78	Edison Park	9	Greater Grand Crossing	69
Morton Grove	19	Chicago Ridge	79	Norwood Park	10	Ashburn	70
Mount Prospect	20	Crestwood	80	Jefferson Park	11	Auburn Gresham	71
Niles	21	Evergreen Park	81	Forest glen	12	Beverly	72
Northbrook	22	Frankfort	82	North Park	13	Washington Heights	73
Northfield	23	Hickory Hills	83	Albany Park	14	Mount Greenwood	74
Palatine	24	Hometown	84	Portage Park	15	Morgan Park	75
Park Ridge	25	Justice	85	Irving Park	16	O'Hare	76
Prospect Heights	26	Lemont	86	Dunning	17	Edgewater	77
Rolling Meadows	27	Merrionette Park	87	Montclare	18		
Roselle	28	Oak Lawn	88	Belmont Cragin	19		
Schaumburg	29	Orland Hills	89	Hermosa	20		
South Barrington	30	Orland Park	90	Avondale	21		
Streamwood	31	Palos Heights	91	Logan Square	22		
Wheeling	32	Palos Hills	92	Humboldt Park	23		
Wilmette	33	Palos Park	93	West Town	24		
Winnetka	34	Summit	94	Austin	25		
Evanston	35	Willow Springs	95	West Garfield Park	26		
Skokie	36	Worth	96	East Garfield Park	27		
Bellwood	37	Burnham	97	Near West Side	28		
Bensenville	38	Calumet City	98	North Lawndale	29		
Berkeley	39	Calumet Park	99	South Lawndale	30		
Berwyn	40	Chicago Heights	100	Lower West Side	31		
Broadview	41	Country Club Hills	101	Loop	32		
Brookfield	42	Dixmoor	102	Near South Side	33		
Burr Ridge	43	Dolton	103	Armour Square	34		
Cicero	44	East Hazel Crest	104	Douglas	35		
Countryside	45	Flossmoor	105	Oakland	36		
Forest Park	46	Ford Heights	106	Fuller Park	37		
Franklin Park	47	Glenwood	107	Grand Boulevard	38		
Harwood Heights	48	Harvey	108	Kenwood	39		
Hillside	49	Hazel Crest	109	Washington Park	40		
Hinsdale	50	Homewood	110	Hyde Park	41		
Hodgkins	51	Lansing	111	Woodlawn	42		
Indian Head Park	52	Lynwood	112	South Shore	43		
La Grange	53	Markham	113	Chatham	44		
La Grange Park	54	Matteson	114	Avalon Park	45		
Lyons	55	Midlothian	115	South Chicago	46		
McCook	56	Oak Forest	116	Burnside	47		
Maywood	57	Olympia Fields	117	Calumet Heights	48		
Melrose Park	58	Park Forest	118	Roseland	49		
Norridge	59	Phoenix	119	Pullman	50		
Northlake	60	Posen	120	South Deering	51		

Table 8. Reported Tuberculosis Cases and Rates (per 100,000 population) by Municipality, North and West Districts, Suburban Cook County, 2009-2011

NORTH							WEST						
City	2009		2010		2011		City	2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate		No.	Rate	No.	Rate	No.	Rate
Arlington Heights	2	2.7	4	5.3	1	1.3	Bellwood	0	0.0	0	0	1	5.2
Barrington	0	0.0	0	0.0	0	0.0	Bensenville	0	0.0	0	0	0	0.0
Barrington Hills	0	0.0	0	0.0	0	0.0	Berkeley	2	38.4	0	0	0	0.0
Bartlett	0	0.0	0	0.0	1	6.0	Berwyn	2	3.5	2	3.5	2	3.5
Buffalo Grove	0	0.0	0	0.0	0	0.0	Broadview	1	6.1	0	0	0	0.0
Des Plaines	7	12.0	8	13.7	3	5.1	Brookfield	0	0.0	0	0	0	0.0
Elgin	0	0.0	0	0.0	0	0.0	Burr Ridge	0	0.0	2	52.1	0	0.0
Elk Grove Village	1	3.0	1	3.0	3	9.1	Cicero	2	2.4	0	0	7	8.3
Evanston	4	5.4	4	5.4	0	0.0	Countryside	0	0.0	1	17	0	0.0
Glencoe	0	0.0	0	0.0	0	0.0	Elmhurst	0	0.0	0	0	0	0.0
Glenview	2	4.5	1	2.2	0	0.0	Elmwood Park	0	0.0	1	4	0	0.0
Golf	0	0.0	0	0.0	0	0.0	Forest Park	2	14.1	0	0	0	0.0
Hanover Park	1	4.8	2	9.7	0	0.0	Forest View	0	0.0	0	0	0	0.0
Hoffman Estates	5	9.6	3	5.8	5	9.6	Franklin Park	1	5.5	0	0	1	5.5
Inverness	0	0.0	0	0.0	0	0.0	Harwood Heights	0	0.0	0	0	0	0.0
Kenilworth	0	0.0	0	0.0	0	0.0	Hillside	0	0.0	1	12.3	0	0.0
Lincolnwood	3	23.8	1	7.9	3	23.8	Hinsdale	0	0.0	0	0	0	0.0
Morton Grove	4	17.2	1	4.3	0	0.0	Hodgkins	1	52.7	0	0	0	0.0
Mount Prospect	4	7.4	4	7.4	3	5.5	Indian Head Park	0	0.0	0	0	0	0.0
Niles	1	3.4	6	20.1	3	10.1	La Grange	0	0.0	0	0	0	0.0
Northbrook	2	6.0	0	0.0	0	0.0	La Grange Park	0	0.0	0	0	0	0.0
Northfield	0	0.0	0	0.0	0	0.0	Lyons	0	0.0	0	0	0	0.0
Palatine	4	5.8	0	0.0	0	0.0	Maywood	2	8.3	2	8.3	2	8.3
Park Ridge	1	2.7	1	2.7	1	2.7	McCook	0	0.0	0	0	0	0.0
Prospect Heights	3	18.5	0	0.0	2	12.3	Melrose Park	2	7.9	1	3.9	0	0.0
Rolling Meadows	0	0.0	1	4.1	0	0.0	Norridge	0.0	0.0	1	6.9	0	0.0
Roselle	0	0.0	0	0.0	0	0.0	North Riverside	0	0.0	1	15	1	15.0
Schaumburg	2	2.7	1	1.3	1	1.3	Northlake	0	0.0	0	0	0	0.0
Skokie	8	12.3	6	9.3	5	7.7	Oak Brook	0	0.0	0	0	0	0.0
South Barrington	0	0.0	0	0.0	0	0.0	Oak Park	1	1.9	0	0	0	0.0
Streamwood	1	2.7	3	8.2	1	2.7	River Forest	0	0.0	0	0	0	0.0
Wheeling	3	8.0	3	8.0	7	18.6	River Grove	1	9.8	0	0	0	0.0
Wilmette	1	3.7	0	0.0	0	0.0	Riverside	0	0.0	0	0	0	0.0
Winnetka	0	0.0	0	0.0	0	0.0	Rosemont	0	0.0	0	0	0	0.0
							Schiller Park	1	8.5	0	0	1	8.5
							Stone Park	0	0.0	0	0	0	0.0
							Westchester	1	6.0	0	0	0	0.0
							Western Springs	0	0.0	0	0	0	0.0
Total	59	5.5	51	5.1	39	3.7	Total	19	3.4	13	2.3	15	2.7

Rates per 100,000 population per year. Rates calculated using 2010 Census data.

Table 9. Reported Tuberculosis Cases and Rates (per 100,000 population) by Municipality, South and Southwest Districts, Suburban Cook County, 2009-2011

City	2009		SOUTH 2010		2011		City	2009		SOUTHWEST 2010		2011	
	No.	Rate	No.	Rate	No.	Rate		No.	Rate	No.	Rate	No.	Rate
Burnham	0	0.0	0	0.0	0	0.0	Alsip	1	5.2	0	0.0	0	0.0
Calumet City	1	2.7	2	5.4	0	0.0	Bedford Park	0	0.0	0	0.0	0	0.0
Chicago Heights	1	3.3	1	3.3	2	6.6	Blue Island	2	8.4	2	8.4	2	8.4
Country Club Hills	0	0.0	0	0.0	2	12.1	Bridgeview	0	0.0	0	0.0	1	6.1
Dixmoor	0	0.0	0	0.0	0	0.0	Burbank	1	3.5	0	0.0	1	3.5
Dolton	2	8.6	1	4.3	1	4.3	Calumet Park	1	12.8	0	0.0	0	0.0
East Hazel Crest	0	0.0	0	0.0	0	0.0	Chicago Ridge	0	0.0	1	7.0	1	7.0
Flossmoor	0	0.0	1	10.6	0	0.0	Crestwood	0	0.0	0	0.0	0	0.0
Ford Heights	0	0.0	0	0.0	0	0.0	Evergreen Park	0	0.0	0	0.0	0	0.0
Glenwood	0	0.0	0	0.0	0	0.0	Forest View	0	0.0	0	0.0	0	0.0
Harvey	1	4.0	2	7.9	0	0.0	Hickory Hills	0	0.0	0	0.0	1	7.1
Hazel Crest	1	7.1	0	0.0	0	0.0	Hometown	0	0.0	0	0.0	0	0.0
Homewood	0	0.0	1	5.2	1	5.2	Justice	0	0.0	1	7.7	0	0.0
Lansing	2	7.1	0	0.0	1	3.5	Lemont	0	0.0	0	0.0	0	0.0
Lynwood	0	0.0	1	11.1	0	0.0	Merrionette Park	0	0.0	0	0.0	0	0.0
Markham	1	8.0	1	8.0	0	0.0	Oak Lawn	3	5.3	3	5.3	2	3.5
Matteson	0	0.0	0	0.0	0	0.0	Orland Hills	0	0.0	0	0.0	0	0.0
Midlothian	1	6.7	1	6.7	1	6.7	Orland Park	0	0.0	2	3.5	1	1.8
Oak Forest	0	0.0	3	10.7	0	0.0	Palos Heights	0	0.0	1	8.0	0	0.0
Olympia Fields	0	0.0	0	0.0	0	0.0	Palos Hills	0	0.0	0	0.0	0	0.0
Park Forest	0	0.0	1	5.4	1	5.4	Palos Park	0	0.0	0	0.0	0	0.0
Phoenix	0	0.0	0	0.0	0	0.0	Stickney	0	0.0	0	0.0	0	0.0
Posen	0	0.0	0	0.0	0	0.0	Summit	0	0.0	0	0.0	1	9.0
Richton Park	0	0.0	1	7.3	0	0.0	Willow Springs	1	18.1	0	0.0	0	0.0
Riverdale	0	0.0	2	14.8	0	0.0	Worth	0	0.0	0	0.0	0	0.0
Robbins	0	0.0	0	0.0	0	0.0							
Sauk Village	0	0.0	0	0.0	0	0.0							
South Chicago Heights	0	0.0	0	0.0	0	0.0							
South Holland	1	4.5	0	0.0	1	4.5							
Steger	1	24.4	0	0.0	1	24.4							
Thornton	0	0.0	0	0.0	0	0.0							
Tinley Park	1	2.0	1	2.0	0	0.0							
University Park	0	0.0	0	0.0	0	0.0							
Total	13	2.8	19	4.0	11	2.3	Total	9	2.2	10	2.5	10	2.5

Rates per 100,000 population per year. Rates calculated using 2010 Census data.

TECHNICAL NOTES

Surveillance Methodology

Healthcare providers and laboratories in suburban Cook County are required to report the following results within 24 hours: (1) sputum or tissue smears positive for acid-fast bacilli (AFBs); (2) cultures positive for *Mycobacterium tuberculosis*; (3) mycobacterial drug susceptibility results; (4) any other tests positive for *Mycobacterium tuberculosis*. In addition, confirmed TB cases must be reported to CCDPH within 7 days.

TB case reports are entered into I-NEDSS and provide the basis for the information presented in this report. This report includes all cases of tuberculosis reported during the year in which the case was confirmed. Confirmed TB cases who may have moved into suburban Cook County from another jurisdiction are not reflected in the data presented herein; such cases are counted in the jurisdiction that reported the case. Likewise, confirmed TB cases reported in suburban Cook County who may have moved out of suburban Cook County are included in the data presented herein.

Reported TB Case Rates

Suburban Cook County, Chicago and Illinois TB rates between 1993-1999 were calculated using 1990 census data. Suburban Cook County, Chicago and Illinois TB rates between 2000-2009 were calculated using 2000 census data. Suburban Cook County, Chicago and Illinois TB rates after 2009 were calculated using 2010 census data. National TB rates were calculated using national intercensal estimates.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
August 21, 2012

ATTACHMENT #6

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Carqueville, Jordan C., MD Appointment Effective:	Medicine/Dermatology August 21, 2012, thru August 20, 2014	Active Physician
Ellis-Pelletier, Amanda, DO Appointment Effective:	Pediatrics August 21, 2012, thru August 20, 2014	Voluntary Physician
Giovingo, Michael, MD (Eye Screening only) Appointment Effective:	Surgery/Ophthalmology August 21, 2012, thru August 20, 2014	Service Physician
Marshall, Robert, MD Appointment Effective:	Radiology August 21, 2012, thru August 20, 2014	Affiliate Physician
Oyedele, Temitope O., MD Appointment Effective:	Medicine/ID August 21, 2012, thru August 20, 2014	Active Physician
Rafiq, Asad, MD Appointment Effective:	Medicine/Gastroenterology August 21, 2012, thru August 20, 2014	Active Physician
Russell, Frances, MD Appointment Effective:	Emergency Medicine August 21, 2012, thru August 20, 2014	Voluntary Physician
Warrior, Lakshmi, MD Appointment Effective:	Medicine/Neurology August 21, 2012, thru August 20, 2014	Active Physician
Wongskhaluang, Jeff, MD (Eye Screening only) Appointment Effective:	Surgery/Ophthalmology August 21, 2012, thru August 20, 2014	Service Physician

INITIAL PRIVILEGES FOR NON MEDICAL STAFF

Francis, Sarah J., CNP With Clapp, Williams D. MD Effective:	Medicine August 21, 2012, thru August 20, 2014	Nurse Practitioner
Melvin, Amy M., CNP With Cohen, Robert A.C., MD Effective:	Medicine August 21, 2012, thru August 20, 2014	Nurse Practitioner

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 21, 2012

John H. Stroger, Jr. Hospital of Cook County (continued)

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Paek, Hyang Won, MD	Adult Anesthesia	Active Physician
Reappointment Effective:	September 21, 2012, thru September 20, 2014	

Department of Correctional Health Services

Menezes, Ralph, MD	Psychiatry	Active Physician
Reappointment Effective:	August 26, 2012, thru August 25, 2014	

Talamayan, Kathleen, MD	Family Medicine	Active Physician
Reappointment Effective:	August 26, 2012, thru August 25, 2014	

Department of Emergency Medicine

Smith, Lauren, MD	Emergency Medicine	Active Physician
Reappointment Effective:	September 23, 2012, thru September 22, 2014	

Sullivan, Daniel, MD	Emergency Medicine	Honorary Physician
Reappointment Effective:	September 23, 2012, thru September 22, 2014	

Department of Medicine

Abrahamian, Frida P., MD	Gastroenterology	Active Physician
Reappointment Effective:	September 6, 2012 thru September 5, 2014	

Aziz, Marian S., MD	Infectious Disease	Voluntary Physician
Reappointment Effective:	August 26, 2012 thru August 25, 2014	

Ilie, Ionut O., MD	General Medicine	Active Physician
Reappointment Effective:	August 26, 2012 thru August 25, 2014	

Joseph, Sindhu L., MD	Hospital Medicine	Active Physician
Reappointment Effective:	August 26, 2012 thru August 25, 2014	

Mackie, Orlanda B., MD	General Medicine	Active Physician
Reappointment Effective:	August 26, 2012 thru August 25, 2014	

Mahapatra, Ena, MD	General Medicine	Active Physician
Reappointment Effective:	September 6, 2012 thru September 5, 2014	

Watson, Cynthia, MD	General Medicine	Voluntary Physician
Reappointment Effective:	September 3, 2012 thru September 2, 2014	

Department of Obstetrics and Gynecology

Chor, Julie, MD	OB/Gyne	Consulting Physician
Reappointment Effective:	September 21, 2012, thru September 20, 2014	

Gerber, Susan, MD	Maternal Fetal Medicine	Voluntary Physician
Reappointment Effective:	September 21, 2012, thru September 20, 2014	

Item VIII(A) – August 21, 2012

CCHHS Quality and Patient Safety Committee Meeting

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APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 21, 2012

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics

Bhurgri, Abdul, H., MD Reappointment Effective:	Neonatology August 21, 2012 thru August 20, 2014	Service Physician
Fordwor-Koranteng, Ama, MD Reappointment Effective:	Neonatology August 21, 2012 thru August 20, 2014	Service Physician
Giordano, Lisa, MD Reappointment Effective:	Hematology/Oncology August 21, 2012 thru August 20, 2014	Active Physician
Kane, Jason, MD Reappointment Effective:	Pediatric Critical Care August 21, 2012 thru August 20, 2014	Voluntary Physician
Marshall, Jacqueline, MD Reappointment Effective:	Pediatrics August 21, 2012 thru August 20, 2014	Affiliate Physician
Selvam, Leela, MD Reappointment Effective:	Neonatology August 25, 2012 thru August 24, 2014	Affiliate Physician
Speed, Curtis, MD Reappointment Effective:	Pediatrics August 21, 2012 thru August 20, 2014	Active Physician
Tobin, Mary, C., MD Reappointment Effective:	Allergy August 26, 2012 thru August 25, 2014	Voluntary Physician

Department of Surgery

Anderson-Nelson, Susan, MD Reappointment Effective:	Ophthalmology September 6, 2012 thru September 5, 2014	Active Physician
Berktoed, Robert, MD Reappointment Effective:	Otolaryngology August 26, 2012 thru August 25, 2013	Active Physician
Brown, Anthony, MD Reappointment Effective:	Orthopedics September 20, 2012 thru September 19, 2014	Voluntary Physician
Caruso, Joseph, DDS Reappointment Effective:	Oral/Maxillofacial August 21, 2012 thru August 20, 2014	Consulting Dentist
Johnson, Donna, MD Reappointment Effective:	Ophthalmology August 26, 2012 thru August 25, 2014	Active Physician
Laveau, Robert, DPM Reappointment Effective:	Podiatry September 21, 2012 thru September 20, 2014	Active Podiatrist
McDonald, Sarah, MD Reappointment Effective:	Otolaryngology August 21, 2012 thru August 20, 2014	Active Physician
Panos, George, DDS Reappointment Effective:	Oral/Maxillofacial August 26, 2012 thru August 25, 2014	Active Dentist

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Surgery (continued)

Valentino, Daniel, MD Reappointment Effective:	Surgical Critical Care August 25, 2012 thru August 24, 2014	Active Physician
Whelchel, Joan, MD Reappointment Effective:	Ophthalmology August 21, 2012 thru August 20, 2014	Active Physician

Department of Trauma

Poulakidas, Stathis, MD Reappointment Effective:	Trauma September 6, 2012 thru September 5, 2014	Active Physician
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Renewal of Privileges for Non-Medical Staff:

Burgess, Phyllis V., CNS With Pyati, Suma P., MD Effective:	Pediatrics September 23, 2012 thru September 22, 2014	Clinical Nurse Specialist
Chillis, Nikya C., PA-C With Patel, Ashlesha, MD Alternate Pelta, Murray, MD Effective:	Ob/Gyne September 23, 2012 thru September 22, 2014	Physician Assistant
Hu, Tzyy-Chyn, CNP With Martinez, Enrique, MD Effective:	Medicine October 21, 2012 thru October 20, 2012	Nurse Practitioner
Marks, Irene, CNP With Abrego, Fidel, MD Effective:	Ob/Gyne September 21, 2012 thru September 20, 2014	Nurse Practitioner
Novak, Mary Frances, CRNA Effective:	Anesthesiology November 25, 2012 thru November 24, 2014	Nurse Anesthetist
Rogowski, Wendy A., PA-C With Lad, Thomas E., MD Alternate Mullane, Michael R., MD Effective:	Medicine November 25, 2012 thru November 24, 2014	Physician Assistant
Turner, Carol J., CNP With Kelly, Russell F., MD Effective:	Medicine September 21, 2012 thru September 20, 2014	Nurse Practitioner

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APPROVED 
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 21, 2012

Provident Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Rafiq, Asad, MD	Internal Medicine/Gastroenterology	Affiliate Physician
Appointment Effective:	August 21, 2012 thru August 20, 2014	

Telemedicine

Bold, Jonathan, MD	Radiology/Teleradiology
Privileges:	August 21, 2012 thru August 20, 2014

Fassihi, Amir, MD	Radiology/Teleradiology
Privileges:	August 21, 2012 thru August 20, 2014

Parkey, Joe, MD	Radiology/Teleradiology
Privileges:	August 21, 2012 thru August 20, 2014

REAPPOINTMENT APPLICATIONS

Department of Emergency Medicine

Murphy, Michael, MD	Emergency Medicine	Active Physician
Reappointment Effective:	August 17, 2012, thru August 16, 2014	

Department of Family Medicine

Floyd, Gail, MD	Family Medicine	Active Physician
Reappointment Effective:	September 20, 2012 thru September 19, 2014	

Department of Internal Medicine

Vyas, Jyotin I.	Internal Medicine	Active Physician
Reappointment Effective:	August 21, 2012 thru August 20, 2014	

Department of Surgery

Laveau, Robert, DPM	Surgery	Affiliate Podiatrist
Reappointment Effective:	September 17, 2012 thru September 16, 2014	

Pulla, Richard, DPM	Surgery	Affiliate Podiatrist
Reappointment Effective:	September 17, 2012 thru September 16, 2014	

**CCHHS
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 21, 2012**

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